MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

60

RETURN OF A DEATH

FULL NAME William T. Cochrane **Registered No.** 1

Place of Death* North Chelmsford

Date of Death January 1, '05. **Age** 80 years ..... months ..... days

STATISTICAL DETAIL

SEX: Male

COLOR: W.

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

MAIDEN NAME †:

HUSBAND'S NAME †:

BIRTHPLACE ‡: Marrimachi N.B. ~~Prince Edward Island~~

NAME OF FATHER: Thomas Cochran

BIRTHPLACE OF FATHER ‡: Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER ‡: Unknown.

OCCUPATION: Common Laborer

INFORMANT §: Mrs. M. E. Ranger

PLACE OF BURIAL OR REMOVAL ‖: Riverside Cem. North Chelmsford

DATE OF BURIAL: Jan. 3, 1906

UNDERTAKER: J. A. Wembicks

ADDRESS: 80 Middlesex St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190.... to ..... 190...., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Drinking of Hunt

Contributory: Cerebral Apoplexy (DURATION) ... DAYS

(Signed) A. C. Smith Issued Cyanide

Jan. 2 1906 (Address) 219 Central St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: 459 Chelmsford St. How long at Place of Death? ..... Days

Lowell Mass

Where was disease contracted, if not at place of death? .....

Filed Jan. 3 1906 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

61

RETURN OF A DEATH

FULL NAME Emma G Hood ~~Wood~~

Registered No. [redacted] 2

Place of Death* North Chelmsford

Date of Death Jan 8th 1906 Age 37 years 10 months 14 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

STATISTICAL DETAIL

SEX	COLOR	~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~
Female	White	Married

MAIDEN NAME † Emma G Upton

HUSBAND'S NAME † Edgar W. Hood

BIRTHPLACE ‡ Dunstable Mass

NAME OF FATHER Peter H. Upton

BIRTHPLACE OF FATHER ‡ Dunstable Mass

MAIDEN NAME OF MOTHER Achsah F. Winchester

BIRTHPLACE OF MOTHER ‡ Norway Maine

OCCUPATION Housekeeper.

INFORMANT § Etta M. Hunter,

PLACE OF BURIAL OR REMOVAL ‖ Green Cemetery Carlisle Mass

DATE OF BURIAL Jan. 12 1906.

UNDERTAKER Thomas A. Green

ADDRESS Carlisle Mass.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jany 4 1906 to Jany 7 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Pneumonia

(DURATION) 6 DAYS

Contributory

(DURATION) DAYS

(Signed) F. E. Varney M. D.

Jany 11 1906 (Address) North Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

Filed Jan. 11 1906 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL 62

RETURN OF A DEATH

FULL NAME Michael Harrington

Registered No. 3

Place of Death* No. Chelmsford

Date of Death Jan 20. 1906 Age 64 years months days

STATISTICAL DETAIL

SEX M. COLOR W ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

MAIDEN NAME † —

HUSBAND'S NAME † —

BIRTHPLACE ‡ Ireland

NAME OF FATHER Michael Harrington

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Julia Harrington

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION Iron Moulder

INFORMANT § John E Harrington

PLACE OF BURIAL OR REMOVAL ‖ St Patricks

DATE OF BURIAL Jan 22 1906

UNDERTAKER Thomas J McDermott

ADDRESS 70 Graham

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190.... to ..... 190...., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Acute Bronchitis

(DURATION) 7 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Omer P Porter M. D.

Jan 20 1906 (Address) 253 Central St

SPECIAL INFORMATION only for Hospitals, Institudions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Jan 20 1906 Edward J. Robbins Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

6.3

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME John Byam Registered No. 4

Place of Death * Chelmsford Mass

Date of Death Feb 3 - 1906 Age 74 years months days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Male	White	Married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Boston.

NAME OF FATHER Josiah Byam.

BIRTHPLACE OF FATHER ‡ Chelmsford.

MAIDEN NAME OF MOTHER Sophronia Flagg.

BIRTHPLACE OF MOTHER ‡ Littleton.

OCCUPATION Farmer.

INFORMANT § [illegible]

PLACE OF BURIAL OR REMOVAL ‖	DATE OF BURIAL
to Chelmsford	Feb 6th 1906

UNDERTAKER [illegible]

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190 .... to Feb. 3 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cardiac paralysis

(DURATION) few minutes ~~DAYS~~

Contributory: Senile degeneration

(DURATION) DAYS

(Signed) Amasa Howard M.D.

Feb. 4 1906 (Address) Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

Filed Feb. 5 1906 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

64

RETURN OF A DEATH

FULL NAME Ellen S. Wetherbee **Registered No.** 5

Place of Death* North Chelmsford Mass

Date of Death Feb 7th 1906 **Age** 73 years 5 months ..... days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	White	Single

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡
Lowell Mass

NAME OF FATHER
Asa Wetherbee

BIRTHPLACE OF FATHER ‡
Harvard Mass

MAIDEN NAME OF MOTHER
Polly Park

BIRTHPLACE OF MOTHER ‡
Harvard Mass

OCCUPATION
at Home

INFORMANT §
Sabina Wetherbee

PLACE OF BURIAL OR REMOVAL ‖	DATE OF BURIAL
Lowell Cem. Lowell Mass	Feb 9 1906

UNDERTAKER	ADDRESS
John A Wemlock	Lowell

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 20, 1906 to Feb 7 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Senile Exhaustion

Indefinite (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Burnham R. Benner M. D.

Feb 8, 1906 (Address) Lowell Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Feb 9 1906 Edward J. Robins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

1832

10

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Benjamin Osgood Robbins Registered No. 6

Place of Death * South Chelmsford

Date of Death February 11, 1906 Age 68 years 8 months 11 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: Male

COLOR: White

~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: South Chelmsford

NAME OF FATHER: James Adams Robbins

BIRTHPLACE OF FATHER ‡: South Chelmsford

MAIDEN NAME OF MOTHER: Alzina Fletcher

BIRTHPLACE OF MOTHER ‡: Westford

OCCUPATION: Farmer

INFORMANT §: Charles O. Robbins

PLACE OF BURIAL OR REMOVAL ‖: Hart Pond Cem. So. Chelmsford

DATE OF BURIAL: Feb. 14, 1906

UNDERTAKER: D. P. Bryant

ADDRESS: South Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190.. to Feb. 11, 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Phthisis Pulmonalis

(DURATION) ..... DAYS

Contributory: About 3 yrs.

(DURATION) ..... DAYS

(Signed) Arthur G. Scobria, M.D.

Feb. 13, 1906 (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Feb. 14, 1906 Edward J. Robbins Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

66

RETURN OF A DEATH

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

FULL NAME Mary Lingley Registered No. 7

Place of Death* Middlesex Street North Chelmsford

Date of Death February 17th, 1906 Age 56 years — months — days

STATISTICAL DETAIL

SEX: Female

COLOR: White

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

MAIDEN NAME †: Mary Carroll

HUSBAND'S NAME †: James Lingley

BIRTHPLACE ‡: Ireland

NAME OF FATHER: Terence Carroll

BIRTHPLACE OF FATHER ‡: Ireland

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER ‡: Ireland

OCCUPATION: at Home

INFORMANT §: Son. William H. Lingley

PLACE OF BURIAL OR REMOVAL ‖: St Patricks Cemetery, Lowell

DATE OF BURIAL: Feb 20th 1906

UNDERTAKER: James F. O'Donnell & Co

ADDRESS: 324 Merrimack St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Feby 12 1906 to Feby 17 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Pneumonia

(DURATION) 6 DAYS

Contributory

(DURATION) DAYS

(Signed) F. E. Turney M. D.

Feby 18 1906 (Address) N Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

Filed Feb. 19 1906 Edward J. Robbins Jr. Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

67

RETURN OF A DEATH

Lowell
(CITY OR TOWN.)

FULL NAME Mrs Janet Gay Dodge Registered No. 8

Place of Death* North Chelmsford Mass Date of Death Feb. 24, 1906

Residence North Chelmsford " Age 64 years months days

STATISTICAL DETAILS

SEX F. COLOR W. ~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~

MAIDEN NAME † Gay

HUSBAND'S NAME † Daniel D. Dodge

BIRTHPLACE ‡ Nashua N H

NAME OF FATHER Zeba Gay

BIRTHPLACE OF FATHER ‡ Deering N.H.

MAIDEN NAME OF MOTHER Mary Kennedy

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION At home

INFORMANT § Daughter

PLACE OF BURIAL OR REMOVAL ‖ Cremated Mt Auburn Cambridge Mass

DATE OF BURIAL Feb 28th 1906

UNDERTAKER J B Currier

ADDRESS 58 Prescott St Lowell

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Feby 18 1906 to Feby 24 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pneumonia

(DURATION) seven DAYS

Contributory: tuberculous disease

several years (DURATION) DAYS

(Signed) F E Varney M.D.

Feby 24 1906 (Address) North Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed Feb. 26 1906 Edward J. Robins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

68

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Charles McLellan Registered No. 9

Place of Death* East Chelmsford

Date of Death February 25. 06 Age 42 years — months — days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

STATISTICAL DETAIL

SEX male COLOR White ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Ireland

NAME OF FATHER John McLellan

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Jane

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION Spinner

INFORMANT § Brother in Law John Warrington

PLACE OF BURIAL OR REMOVAL ‖ Lowell G. Palmer Cemetery

DATE OF BURIAL Feb 27 1906

UNDERTAKER F. F. O'Donnell & Son

ADDRESS 324 Fayette St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 1904 to Feb. 25 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Pulmonary Tuberculosis

2 years (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Amasa Howard M. D.

Feb. 26 1906 (Address) Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed Feb. 27 1906 Edward J. Robbins Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

69

COMMONWEALTH OF MASSACHUSETTS

Chelmsford
(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Henry S. Perham Registered No. 10

Place of Death* Daytona Florida Date of Death Feb. 25 1906

Residence Chelmsford Mass. Age 62 years 3 months 9 days

STATISTICAL DETAILS

SEX: Male

COLOR: White

~~SINGLE,~~ MARRIED, ~~WIDOWED, OR DIVORCED~~: married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: Chelmsford

NAME OF FATHER: David Perham

BIRTHPLACE OF FATHER ‡: Chelmsford

MAIDEN NAME OF MOTHER: Eleutheria H. Waite

BIRTHPLACE OF MOTHER ‡: Weston Vermont

OCCUPATION: Vinegar Mfgr.

INFORMANT §: Walter Perham

PLACE OF BURIAL OR REMOVAL ‖: Forefathers Cemetery Chelmsford Mass.

DATE OF BURIAL: Mar. 2 1906

UNDERTAKER: L. A. Reinbeck

ADDRESS: Lowell Mass.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190 ..... to ..... 190 ....., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Acute Yellow Atrophy of Liver

..... (DURATION) ..... DAYS

Contributory: .....

..... (DURATION) ..... DAYS

(Signed) J. A. Van Valzah M.D.

..... 190 ..... (Address) Daytona Florida

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? ..... years ..... months ..... days

Where was disease contracted, If not at place of death? .....

Filed Mar. 2 1906 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

City of Lowell, 70

RETURN OF A DEATH

FULL NAME Eugene H. S. Dulton Registered No. 334

Place of Death* Lowell Gen. Hospt. Lowell Mass.

Date of Death Mar 4 1906 Age 61 years 10 months 8 days

STATISTICAL DETAILS

SEX M. | COLOR W. | SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ No Chelmsford.

NAME OF FATHER Parker Dulton

BIRTHPLACE OF FATHER ‡ No Chelmsford.

MAIDEN NAME OF MOTHER Lucretia St Clair

BIRTHPLACE OF MOTHER ‡ New London.

OCCUPATION

INFORMANT § Chas. H. Dulton

PLACE OF BURIAL OR REMOVAL ‖ No Chelmsford

DATE OF BURIAL Mar 6 1906

UNDERTAKER E. A. Hembech

ADDRESS Middlesex St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Mar 2 1906 to Mar 4 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Lobar Pneumonia

(DURATION) 7 DAYS

Contributory: —

(DURATION) — DAYS

(Signed) Frederick Kirkcliffe M.D.

Mar 4 1906 (Address) Lowell Gen. Hospt.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence No Chelmsford, How long at Place of Death? — Days

Where was disease contracted, If not at place of death? —

Filed Mar 6 1906 Girard P. Wadman City Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

COMMONWEALTH OF MASSACHUSETTS

71

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Janet McGuade Registered No. 12

Place of Death* North Chelmsford Mass Date of Death March 4 1906

Residence North Chelmsford Mass Age 25 years 7 months 1 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	white	married

MAIDEN NAME† Janet Morning

HUSBAND'S NAME† John McGuade

BIRTHPLACE‡ Scotland

NAME OF FATHER Matthew Morning

BIRTHPLACE OF FATHER‡ Scotland

MAIDEN NAME OF MOTHER Margaret Dickson

BIRTHPLACE OF MOTHER‡ Scotland

OCCUPATION at home

INFORMANT§ Husband

PLACE OF BURIAL OR REMOVAL‖ Riverside Cemetery

DATE OF BURIAL March 7 1906

UNDERTAKER C. M. Young & Co

ADDRESS 33 Prescott st Lowell

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from January 1905 to Mch 4 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pulmonary tuberculosis

14 month (DURATION) DAYS

Contributory: (DURATION) DAYS

(Signed) F E Varney M.D.

Mch 5 1906 (Address) North Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed Mar. 6 1906 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL 72

RETURN OF A DEATH

FULL NAME Patrick J. O'Neil Registered No. 13

Place of Death* Church Street North Chelmsford

Date of Death March 5th 1906 Age 55 years months days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

STATISTICAL DETAIL

SEX: male

COLOR: White

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: Ireland

NAME OF FATHER: Patrick O'Neil

BIRTHPLACE OF FATHER ‡: Ireland

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER ‡: Ireland

OCCUPATION: Laborer

INFORMANT §: Mary O'Neil. Wife

PLACE OF BURIAL OR REMOVAL ‖: St Patrick's Cemetery Lowell

DATE OF BURIAL: March 7 1906

UNDERTAKER: F. J. O'Donnell & Co.

ADDRESS: 324 Merrimack St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 19 1906 to Mar 5th 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Intracranial

(DURATION) 18 DAYS

Contributory

(DURATION) DAYS

(Signed) F. E. Sargent M. D.

Mar 5th 1906 (Address) N. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

Filed Mar. 6 1906 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

73

RETURN OF A DEATH

FULL NAME John L. Roberts Registered No. 14

Place of Death* South Chelmsford Mass.

Date of Death March 5th 1906 Age 79 years 4 months 11 days

STATISTICAL DETAILS

SEX: Male

COLOR: White

~~SINGLE, MARRIED~~, WIDOWED, OR ~~DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: Andover, N. H.

NAME OF FATHER: Johnathan Roberts

BIRTHPLACE OF FATHER ‡: Andover N. H.

MAIDEN NAME OF MOTHER: Elizabeth Smith

BIRTHPLACE OF MOTHER ‡: Andover N. H.

OCCUPATION: Farmer

INFORMANT §: Carrie A. Dupee.

PLACE OF BURIAL OR REMOVAL ‖: Edson Cem. Dowell

DATE OF BURIAL: Mar 7 1906

UNDERTAKER: Daniel P. Byam

ADDRESS: So. Chelmsford, Mass.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 15 1905 to Mch 5 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Senile Dementia

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) W. J. Sleeper M.D.

Mch 5 1906 (Address) Medford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

Filed Mar. 6 1906 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

74

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

FULL NAME William M. Lee Registered No. 15

Place of Death* Chelmsford Mass

Date of Death March 7, 1906 Age 66 years 4 months 23 days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Male	white	Married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Canada

NAME OF FATHER Daniel Lee

BIRTHPLACE OF FATHER ‡ unknown

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER ‡ unknown

OCCUPATION Retired

INFORMANT § Frank Lee

PLACE OF BURIAL OR REMOVAL ‖ Edson Cemetery

DATE OF BURIAL March 11, 1906

UNDERTAKER C. M. Young

ADDRESS 33 Prescott St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct. 1905 to Mch. 7 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Paralysis several months (DURATION) ~~days~~

Contributory (DURATION) DAYS

(Signed) Amasa Howard M. D.

Mch. 8 1906 (Address) Chelmsford Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed Mar. 10 1906 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information.' If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

75

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Annize Frechette Registered No. 16

Place of Death* # Depot St North Chelmsford Mass

Date of Death March 9th - 06 Age 50 years 3 months 8 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

STATISTICAL DETAIL

SEX Female COLOR White ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

MAIDEN NAME † Annize Petelle

HUSBAND'S NAME † Joseph Frichette

BIRTHPLACE ‡ Canada

NAME OF FATHER Regis Petelle

BIRTHPLACE OF FATHER ‡ Canada

MAIDEN NAME OF MOTHER Aurelie Gervais

BIRTHPLACE OF MOTHER ‡ Canada

OCCUPATION House - Keeper

INFORMANT § Joseph Frichette

PLACE OF BURIAL OR REMOVAL ‖ St Joseph's

DATE OF BURIAL March 10 1906

UNDERTAKER Joseph Albert

ADDRESS 57 Chuver

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 3 March 1906 to 9 March 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Pneumonia

(DURATION) DAYS

Contributory

(DURATION) 6 DAYS

(Signed) R. Mignault M. D.

3/8 1906 (Address) 134 Clark

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed Mar 9 1906 Edward J. Robins Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information.' If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

90 Prescot.

Mignault.

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COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

FULL NAME Eliza Linscott Mayberry Registered No. 17

Place of Death* Chelmsford, Mass

Date of Death March 9, 1906 Age 82 years 4 months 3 days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME † Eliza Linscott

HUSBAND'S NAME † Benj. B. Mayberry

BIRTHPLACE ‡ Shapleigh Me

NAME OF FATHER James Linscott

BIRTHPLACE OF FATHER ‡ Shapleigh Me

MAIDEN NAME OF MOTHER Mary Huntress

BIRTHPLACE OF MOTHER ‡ Shapleigh Me

OCCUPATION —

INFORMANT § Fred C. Mayberry

PLACE OF BURIAL OR REMOVAL ‖ So. Windham Me.

DATE OF BURIAL Mar 15 1906

UNDERTAKER J. H. Wernbeck

ADDRESS Lowell Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Mar. 4, 1906 to Mar. 9 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Right Hemiplegia (DURATION) DAYS

Contributory Duration – 4 yrs. 11 months (DURATION) DAYS

(Signed) Arthur G. Scobins, M. D.

Mar. 10, 1906, (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Mar. 14 1906 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

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COMMONWEALTH OF MASSACHUSETTS

Chelmsford
(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Selmon L. Snow, Registered No. 18

Place of Death* West Chelmsford Date of Death March 14 1906

Residence Chelmsford Age 71 years 7 months 30 days

STATISTICAL DETAILS

SEX: Male

COLOR: White

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Widower

~~MAIDEN NAME~~ †

HUS~~BAND'S~~ NAME †

BIRTHPLACE ‡: New Ipswich N.H.

NAME OF FATHER: Levi Snow

BIRTHPLACE OF FATHER ‡: Westford, Mass.

MAIDEN NAME OF MOTHER: Louisa Reed

BIRTHPLACE OF MOTHER ‡: Stoddard N.H.

OCCUPATION: Expressman

INFORMANT §: George F. Snow

PLACE OF BURIAL OR REMOVAL ‖: Westford

DATE OF BURIAL: Mch. 17 1906

UNDERTAKER: J. B. Currier

ADDRESS: 58 Prescott St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct 1 1905 to Dec 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Apoplexy

Found dead in bed (DURATION) DAYS

Contributory: (DURATION) DAYS

(Signed) F. E. Varney M.D.

Mch. 14 1906 (Address) West Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed Mar. 15 1906 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

FULL NAME Catherine Russell Registered No. 19

Place of Death* Middlesex Street, North Chelmsford

Date of Death March 16th, 1906 Age 44 years — months — days

STATISTICAL DETAIL

SEX: female

COLOR: White

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

MAIDEN NAME †: Catherine McAloon

HUSBAND'S NAME †: Thomas P. Russell

BIRTHPLACE ‡: Ireland

NAME OF FATHER: Bernard McAloon

BIRTHPLACE OF FATHER ‡: Ireland

MAIDEN NAME OF MOTHER: Mary McManomin

BIRTHPLACE OF MOTHER ‡: Ireland

OCCUPATION: Housewife

INFORMANT §: Cousin, John J. McManomin

PLACE OF BURIAL OR REMOVAL ‖: St. Patrick's Cemetery

DATE OF BURIAL: March 19 1906

UNDERTAKER: J. F. O'Donnell & Sons

ADDRESS: 324 Market St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Mch 9 1906 to Mch 16 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Coma the result of nervous exhaustion (DURATION) DAYS

Contributory (DURATION) 7 DAYS

(Signed) F E Harvey M. D.

Mch 17 1906 (Address) N Chelmsford Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Mar 19 1906 Edward J. Robinson Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Elizabeth R. McGrath Registered No. 20

Place of Death* Chelmsford

Date of Death Mar 17 1906 Age 73 years — months — days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

STATISTICAL DETAIL

SEX Fe

COLOR W

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

MAIDEN NAME † Elizabeth R Kerr

HUSBAND'S NAME † Thos. McGrath

BIRTHPLACE ‡ South Hampton N. S.

NAME OF FATHER John Kerr

BIRTHPLACE OF FATHER ‡ Scotland

MAIDEN NAME OF MOTHER Sarah Doherty

BIRTHPLACE OF MOTHER ‡ Scotland

OCCUPATION at Home

INFORMANT § Daughter

PLACE OF BURIAL OR REMOVAL ‖ ~~Cumberland Co~~ Parrsboro. N. S.

DATE OF BURIAL Mar 19 1906

UNDERTAKER Chas. H Kelley

ADDRESS Lowell

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Mch. 7 1906 to Mch. 17 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Pneumonia

(DURATION) 10 DAYS

Contributory

(DURATION) DAYS

(Signed) Amos T. Howard M. D.

Mch. 17 1906 (Address)

SPECIAL INFORMATION only for Hospitals, Institudons, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed Mar. 19 1906 Edward J. Robbins Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

80

RETURN OF A DEATH

FULL NAME Cecil H. Noble Registered No. 21

Place of Death * Chelmsford Centre Boston Road

Date of Death Mar. 18 1906 Age 4 years 8 months — days

STATISTICAL DETAIL

SEX: Male

COLOR: W

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~

~~MAIDEN NAME~~ †

~~HUSBAND'S NAME~~ †

BIRTHPLACE ‡: Chelmsford Centre

NAME OF FATHER: Henry W. Noble

BIRTHPLACE OF FATHER ‡: Douglastown N. B.

MAIDEN NAME OF MOTHER: Anna A. McGrath

BIRTHPLACE OF MOTHER ‡: South Hampton N. S.

OCCUPATION: at Home

INFORMANT §: Father

PLACE OF BURIAL OR REMOVAL ‖: St. Patricks

DATE OF BURIAL: Mar. 20 1906

UNDERTAKER: C. H. Molloy

ADDRESS: Lowell

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Mch. 6 1906 to Mch. 18 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Pneumonia

(DURATION) 12 DAYS

Contributory

(DURATION) DAYS

(Signed) Amasa T. Howard M. D.

Mch. 19 1906 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

Filed Mar. 19 1906 Edward J. Robbins Clerk.

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

one Brother
Loyd

81

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Nellie A. Brown Registered No. 22

Place of Death* North Chelmsford Mass. Date of Death March 20 1906

Residence North Chelmsford Mass. Age 62 years 1 months 15 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	white	Married

MAIDEN NAME† Nellie A Staples

HUSBAND'S NAME† Charles W. Brown

BIRTHPLACE‡ Elliott Maine

NAME OF FATHER Samuel Staples

BIRTHPLACE OF FATHER‡ Elliott Maine

MAIDEN NAME OF MOTHER Mary Dixon

BIRTHPLACE OF MOTHER‡ Elliott Maine

OCCUPATION at home

INFORMANT§ Husband

PLACE OF BURIAL OR REMOVAL‖ Riverside Cemetery

DATE OF BURIAL March 23 1906

UNDERTAKER C. W. Young & Co

ADDRESS 33 Rescott St Lowell

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from November 1905 to Mch 20 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Organic disease of heart

unknown (DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) F E Varney M.D.

Mch 21 1906 (Address) N. Chelmsford Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed Mar. 23, 1906 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

82

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Antoinette F Sampson. Registered No. 23

Place of Death* No Chelmsford Mass

Date of Death Mar 24th 1906. Age 53 years 4 months 3 days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	White	Married

MAIDEN NAME † Antoinette F Small

HUSBAND'S NAME † James A Sampson

BIRTHPLACE ‡ Machiasport Me

NAME OF FATHER Nathaniel Small

BIRTHPLACE OF FATHER ‡ Machiasport Me

MAIDEN NAME OF MOTHER Margaret Barter

BIRTHPLACE OF MOTHER ‡ Machiasport Me

OCCUPATION House Wife

INFORMANT § James A Sampson

PLACE OF BURIAL OR REMOVAL ‖ No Chelmsford

DATE OF BURIAL Mar 27th 1906

UNDERTAKER John A Weinbeck

ADDRESS No 80 Middlesex St Lowell Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct 1st 1905 to Mch 24 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Cancer of the Uterus

1 year 6 mos (DURATION)

Contributory

(DURATION) DAYS

(Signed) Orman Howard M. D.

Mch 25 1906 (Address) Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed Mar 26 1906 Edward J. Robbins Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

CITY OF LOWELL

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

FULL NAME Esther Flavell

Registered No. 24

Place of Death* Chelmsford Mass

Date of Death Mar 28 Age 2 years 3 months days

STATISTICAL DETAIL

SEX F

COLOR W.

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~ Single

MAIDEN NAME † —

HUSBAND'S NAME † —

BIRTHPLACE ‡ Chelmsford Mass

NAME OF FATHER John Flavell

BIRTHPLACE OF FATHER ‡ England

MAIDEN NAME OF MOTHER Catherine Dealey

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION

INFORMANT § John Dealey

PLACE OF BURIAL OR REMOVAL ‖ St Patricks Lowell

DATE OF BURIAL Mar. 29 1906

UNDERTAKER John F. Kogers

ADDRESS 445 Gorham St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Mch. 21 1906 to Mch. 28 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Congestion of lungs (DURATION) 10 DAYS

Contributory Whooping cough (DURATION) 14 DAYS

(Signed) Amasa Howard M. D.

Mch. 28 1906 (Address) Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Mar. 28 1906 Edward J. Robbins Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Esther R Lewis Registered No.

Place of Death* Chelmsford Town Farm Date of Death March 26 1906

Residence Chelmsford Age 80 years — months — days

STATISTICAL DETAILS

SEX Female COLOR White ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

MAIDEN NAME† Ryan

HUSBAND'S NAME† Lewis

BIRTHPLACE‡ Waldo, Maine

NAME OF FATHER

BIRTHPLACE OF FATHER‡

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER‡

OCCUPATION Inmate Town Farm

INFORMANT§ A. P. Brown, Supt.

PLACE OF BURIAL OR REMOVAL‖ Pine Ridge Cem

DATE OF BURIAL March 28 1906

UNDERTAKER Walter Perham

ADDRESS Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Mch. 24 1906 to Mch 26 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Paralysis

(DURATION) 3 DAYS

Contributory:

(DURATION) DAYS

(Signed) Amasa Howard M.D.

Mch. 28 1906 (Address) Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed Mar. 27, 1906 Edward J. Kelsom Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Stewart Mac Kay Registered No. 26

Place of Death* North Chelmsford Mass Date of Death Mar 31st 1906

Residence North Chelmsford Mass Age 43 years months days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: Male

COLOR: White

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

MAIDEN NAME †: —

HUSBAND'S NAME †: —

BIRTHPLACE ‡: Scortland

NAME OF FATHER: Stewart Mac RKay.

BIRTHPLACE OF FATHER ‡: Scotland

MAIDEN NAME OF MOTHER: Helen Not Known

BIRTHPLACE OF MOTHER ‡: Scotland

OCCUPATION: ~~Patten Maker~~

INFORMANT §: Mrs Stewart Mac Kay

PLACE OF BURIAL OR REMOVAL ‖: No Chelmsford Mass

DATE OF BURIAL: Apr 4th 1906

UNDERTAKER: John A Weinbeck

ADDRESS: Lowell Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from — 190 to — 190, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Disease of Heart

Died suddenly (DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) F E Varney M.D.

Agent-Board of Health

April 2 1906 (Address) North Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed Apr. 3 1906 Edward J. Robins Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Warren Chandler Registered No. 27

Place of Death* Chelmsford, Mass. Date of Death Apr. 3rd 1906

Residence Chelmsford, Mass. Age 69 years 7 months — days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX M COLOR W. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE‡ Westford, Mass.

NAME OF FATHER William Chandler

BIRTHPLACE OF FATHER‡ Westford, Mass

MAIDEN NAME OF MOTHER Rhoda Proctor

BIRTHPLACE OF MOTHER‡ Dunstable, Mass.

OCCUPATION Farmer.

INFORMANT § Fred W. Chandler.

PLACE OF BURIAL OR REMOVAL‖ Riverside Cem. DATE OF BURIAL Apr. 6 1906

UNDERTAKER Walter Perkins ADDRESS Chelmsford.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Mar. 21 1906 to April 3 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Carditis —

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) Arthur G. Lobozzo M.D.

Apr. 4 1906 (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed Apr. 5 1906 Edward J. Robins Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

87

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Sarah W. Hazen Registered No. 28

Place of Death* Chelmsford, Mass. Date of Death Apr. 4 1906.

Residence " " Age 87 years 7 months 21 days

STATISTICAL DETAILS

SEX [illegible] COLOR W. ~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~

MAIDEN NAME† Sarah Wood

HUSBAND'S NAME† Sanford Hazen

BIRTHPLACE‡ West Lebanon, N. H.

NAME OF FATHER Henry G. Wood

BIRTHPLACE OF FATHER‡ West Lebanon, N. H.

MAIDEN NAME OF MOTHER Betsy Gerrish.

BIRTHPLACE OF MOTHER‡ Boscawen N. H.

OCCUPATION

INFORMANT§ Fred A. Hazen, son.

PLACE OF BURIAL OR REMOVAL‖ Fairfathers Cem.

DATE OF BURIAL Apr. 6 1906

UNDERTAKER Walter Perham

ADDRESS Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Mch. 28 1906 to Apr. 4 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Bronchitis

(DURATION) 7 DAYS

Contributory: Old age

(DURATION) DAYS

(Signed) Amasa Howard M.D.

Apr. 4 1906 (Address) Chelmsford.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed Apr. 6 1906 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Chelmsford Mass.

COMMONWEALTH OF MASSACHUSETTS

~~CITY~~ OF ~~LOWELL~~

88

RETURN OF A DEATH

FULL NAME Mary Celia Ready Registered No. 29

Place of Death* 165 Whitman St North Chelmsford Mass

Date of Death April 8th 1906 Age 21 years 10 months 20 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

STATISTICAL DETAIL

SEX: F

COLOR: White

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR~~ ~~DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: Lowell Mass.

NAME OF FATHER: Patrick Ready

BIRTHPLACE OF FATHER ‡: Ireland

MAIDEN NAME OF MOTHER: Mary O'Neir

BIRTHPLACE OF MOTHER ‡: Ireland

OCCUPATION: Operative

INFORMANT §: Patrick Ready Father

PLACE OF BURIAL OR REMOVAL ‖: St Patricks Lowell Mass

DATE OF BURIAL: April 9 1906

UNDERTAKER: J F O'Donnell & Sons

ADDRESS: 324 Market St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Sept 11 1905 to Apr 6 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Phthisis

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) J. J. McCarty M. D.

Apr 8 1906 (Address) Lowell

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

Filed Apr. 9 1906 Edward J. Robins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

89

RETURN OF A DEATH

FULL NAME John Moran

Registered No. 30

Place of Death* West Chelmsford

Date of Death Apr 12, 1906 Age — years — months 1 days

STATISTICAL DETAIL

SEX: M

COLOR: White

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

MAIDEN NAME †:

HUSBAND'S NAME †:

BIRTHPLACE ‡: West Chelmsford

NAME OF FATHER: Joseph Moran

BIRTHPLACE OF FATHER ‡: Lawrence Mass

MAIDEN NAME OF MOTHER: Sarah Boy

BIRTHPLACE OF MOTHER ‡: Lowell Mass

OCCUPATION: —

INFORMANT §: Joseph Moran

PLACE OF BURIAL OR REMOVAL ‖: St Peters

DATE OF BURIAL: Apr 13 1906

UNDERTAKER: Thomas J. McDermott

ADDRESS: 70 Graham

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190.... to April 12 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Infantile Atelectasis

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) F E Varney M. D.

April 12 1906 (Address) N. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed April 12 1906 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

C

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL 90

RETURN OF A DEATH

FULL NAME Stillborn Walsh

Registered No. 31

Place of Death* North Chelmsford

Date of Death April 15, 1906 Age — years — months — days

STATISTICAL DETAIL

SEX: Female

COLOR: W.

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: North Chelmsford

NAME OF FATHER: Patrick Walsh

BIRTHPLACE OF FATHER ‡: Ireland

MAIDEN NAME OF MOTHER: Alice M. Teale

BIRTHPLACE OF MOTHER ‡: Ireland

OCCUPATION: Operative

INFORMANT §: Patrick Walsh

PLACE OF BURIAL OR REMOVAL ‖: St. Patrick's Cemetery Lowell Mass

DATE OF BURIAL: Apr. 15, 1906

UNDERTAKER: Patrick Walsh

ADDRESS: No. Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190.... to April 15 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Still birth

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) F. E. Varney M. D.

April 15 1906 (Address) N. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Apr. 15 1906 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

CITY OF LOWELL

71

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

FULL NAME: Still Born Hunt

Registered No.: 32

Place of Death*: North Chelmsford

Date of Death: April 15th 1906 Age: — years — months — days

STATISTICAL DETAIL

SEX: Male

COLOR: White

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

MAIDEN NAME †:

HUSBAND'S NAME †:

BIRTHPLACE ‡: North Chelmsford

NAME OF FATHER: Thomas J. Hunt

BIRTHPLACE OF FATHER ‡: England

MAIDEN NAME OF MOTHER: Nelia Flatley

BIRTHPLACE OF MOTHER ‡: Ireland

OCCUPATION:

INFORMANT§: Thos. J. Hunt. Father

PLACE OF BURIAL OR REMOVAL ‖: Forest St Patrick's cemetery

DATE OF BURIAL: April 16 1906

UNDERTAKER: J. F. O'Donnell Sons

ADDRESS: 324 Main St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190.... to April 15 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: still-born

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) F. E. Varney M. D.

April 16 1906 (Address) N. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Apr. 16 1906 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

92

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Martin Robbins Registered No. 33

Place of Death* Chelmsford, Mass Date of Death April 25 1906.

Residence " " Age 53 years 6 months 11 days

STATISTICAL DETAILS

SEX M. COLOR W ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

MAIDEN NAME † —

HUSBAND'S NAME † —

BIRTHPLACE ‡ Swanville, Maine.

NAME OF FATHER John Robbins

BIRTHPLACE OF FATHER ‡ Swanville Me

MAIDEN NAME OF MOTHER Sabaly Dunfee

BIRTHPLACE OF MOTHER ‡ Sidney Me

OCCUPATION Real Estate

INFORMANT § Mrs. Martin Robbins

PLACE OF BURIAL OR REMOVAL ‖ Forefathers Cem

DATE OF BURIAL Apr. 29 1906

UNDERTAKER Walter Perham

ADDRESS Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Apr. 20 1906 to Apr. 25 1906., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Double Lobar Pneumonia

(DURATION) 6 DAYS

Contributory:

(DURATION) DAYS

(Signed) Arthur G. Scobern M.D.

Apr. 27 1906 (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed May 1 1906 Edward J. Robbins Clerk Town

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

Chelmsford ~~CITY OF LOWELL~~ 93

RETURN OF A DEATH

FULL NAME Charles E. Soderberg Registered No. 34

Place of Death* Chemsford Centre

Date of Death May 8th 1906 Age 29 years 3 months 29 days

STATISTICAL DETAIL

SEX M. COLOR W. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Lowell

NAME OF FATHER Charles J. Soderberg

BIRTHPLACE OF FATHER ‡ Sweden

MAIDEN NAME OF MOTHER Elizabeth Arnott

BIRTHPLACE OF MOTHER ‡ Unknown

OCCUPATION Draughtsman

INFORMANT § Wife.

PLACE OF BURIAL OR REMOVAL ‖ Edson Cemetery Lowell

DATE OF BURIAL May 8th 1906

UNDERTAKER J. B. Currier

ADDRESS 68 Prescott St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 3, 1906 to May 8, 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Cerebro-spinal meningitis

(DURATION) DAYS

Contributory

(DURATION) 5 DAYS

(Signed) Arthur G. Scobosia, M. D.

May 8, 1906 (Address) Chelmsford Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

Filed May 8 1906 Edward J. Robins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information.' If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL 94

RETURN OF A DEATH

FULL NAME Eliza A. Wright Registered No. 35

Place of Death* South Chelmsford Mass

Date of Death May 12. 1906 Age 75 years 6 months 15 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	white	Married

MAIDEN NAME † Eliza A Hildreth

HUSBAND'S NAME † Jonathan Wright

BIRTHPLACE ‡ Chelmsford Mass

NAME OF FATHER Moses Hildreth

BIRTHPLACE OF FATHER ‡ Carlile Mass

MAIDEN NAME OF MOTHER Eliza Murdock

BIRTHPLACE OF MOTHER ‡ Carlile Mass

OCCUPATION at home

INFORMANT § Husband

PLACE OF BURIAL OR REMOVAL ‖ Forefathers Cemetery Chelmsford Mass

DATE OF BURIAL May 1906

UNDERTAKER C. M. Young Hos

ADDRESS 33 Prescott St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 12 1906 to May 12 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: General Debility

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) E. W. Bruceworthy M. D.

May 14 1906 (Address) Lowell Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed May 14 1906 Edward J. Robbins Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

95

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Mard Drugan Robinson Registered No. 36

Place of Death * Chelmsford

Date of Death May 17 1906 Age 49 years months days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	White	Widow

MAIDEN NAME † Mard Drugan

HUSBAND'S NAME † S. A. Robinson

BIRTHPLACE ‡ Moncton N B

NAME OF FATHER Andrew Drugan

BIRTHPLACE OF FATHER ‡ Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER ‡ Unknown

OCCUPATION Domestic

INFORMANT § Mrs G M Heyward 29 Oliver St Malden

PLACE OF BURIAL OR REMOVAL ‖	DATE OF BURIAL
Malden Mass	May 19 1906
UNDERTAKER	**ADDRESS**
Daniel P Byam	So Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 15 1906 to May 17 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pulmonary Tuberculosis

About 3 yrs. (DURATION) DAYS

Contributory: (DURATION) DAYS

(Signed) Arthur G. Scobie, M.D.

May 17, 1906 (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed May 17 1906 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

96

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Clive C. Hunt Registered No. 37

Place of Death* Chelmsford Center Date of Death May 18 1906

Residence Chelmsford Age 74 years 2 months 29 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX F. COLOR W. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Charlestown

NAME OF FATHER Samuel C. Hunt

BIRTHPLACE OF FATHER ‡ Carlisle

MAIDEN NAME OF MOTHER Elizabeth A Warren

BIRTHPLACE OF MOTHER ‡ Arlington

OCCUPATION

INFORMANT § Susie Hunt

PLACE OF BURIAL OR REMOVAL ‖ Forrestdale Cem Chelmsford

DATE OF BURIAL May 20 1906

UNDERTAKER Walter Perham

ADDRESS Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec. 1905 to May 18 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Dropsy

(DURATION) 6 mos. ~~DAYS~~

Contributory:

(DURATION) DAYS

(Signed) Amasa Howard M.D.

May 20 1906 (Address) Chelmsford Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed May 20 1906 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

97

RETURN OF A DEATH

FULL NAME Mary Hegarty ~~Registered No.~~ 38

Place of Death* Wildwood St Chelmsford Enter

Date of Death May 29-1906 Age 72 years ..... months ..... days

STATISTICAL DETAIL

SEX	COLOR	~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~
female	white	

MAIDEN NAME † Lynch

HUSBAND'S NAME † John

BIRTHPLACE ‡ Lewisville Me

NAME OF FATHER Peter

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Margaret McCoy

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION At home

INFORMANT § Andrew Keefe

PLACE OF ~~BURIAL OR~~ REMOVAL ‖ Prescott Me.

DATE OF BURIAL Funeral 1906

UNDERTAKER Peter H. Savage

ADDRESS 169 Worthen St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Aug. 1905 to May 29 1906, that to the best of my knowledge and belief death occurred on the date stated above; and that the CAUSE OF DEATH was of follows:

Primary: Chronic Nephritis

..... (DURATION) ..... DAYS

Contributory Cardiac

..... (DURATION) ..... DAYS

(Signed) Amasa Howard M. D.

May 31 1906 (Address) Chelmsford Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed May 31 1906 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

98

RETURN OF A DEATH

FULL NAME Henry R. McCabe

Registered No. 39

Place of Death*. North Chelmsford

Date of Death May 30, 1906 Age 34 years — months — days

STATISTICAL DETAIL

SEX male

COLOR White

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ North Chelmsford

NAME OF FATHER Henry McCabe

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Margaret McCoy

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION Moulder

INFORMANT § Mother

PLACE OF BURIAL OR REMOVAL ‖ St Patrick's cemetery

DATE OF BURIAL June 2d 1906

UNDERTAKER F. O. Donnell & Sons

ADDRESS 324 Merrimack St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from April 20 1906 to May 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Bronchitis

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) O. S. Poole M. D.

1906 (Address) 253 Central St Lowell

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed June 1 1906 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

99

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Julia A Hodges Registered No. 40

Place of Death* Chelmsford Centre Date of Death June 1 1906

Residence Chelmsford Age 90 years 9 months 25 days

STATISTICAL DETAILS

SEX Female COLOR White ~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ wid.

MAIDEN NAME† J. A. Dessance

HUSBAND'S NAME† Benjamin F. Hodges

BIRTHPLACE‡ East Boxboro

NAME OF FATHER Dominic Dessance

BIRTHPLACE OF FATHER‡ East Boxboro

MAIDEN NAME OF MOTHER Annie Fields

BIRTHPLACE OF MOTHER‡ Taunton

OCCUPATION at home

INFORMANT§ Mary J. Cummings

PLACE OF BURIAL OR REMOVAL‖ Forefathers Cemetery

DATE OF BURIAL June 4 1906

UNDERTAKER Walter Perham

ADDRESS Chelmsford.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190 .... to June 1 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Senile —

(DURATION) ..... DAYS

Contributory: .....

(DURATION) ..... DAYS

(Signed) Amos Howard M.D.

June 2 1906 (Address) Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? ..... years ..... months ..... days

Where was disease contracted, if not at place of death? .....

Filed June 3 1906 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

100

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

CITY OF LOWELL

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

FULL NAME Rita Primeau

Registered No. 41

Place of Death* # North Chelmsford

Date of Death June 3 — 06 Age ..... years 6 months ..... days

STATISTICAL DETAIL

SEX F. | COLOR White | SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ North Chelmsford.

NAME OF FATHER Illegitimate Child Father Unknown

BIRTHPLACE OF FATHER ‡ North Chelmsford.

MAIDEN NAME OF MOTHER Marie Primeau

BIRTHPLACE OF MOTHER ‡ Canada

OCCUPATION Child.

INFORMANT § Marie Primeau

PLACE OF BURIAL OR REMOVAL ‖ St Joseph's

DATE OF BURIAL June 4 ....190....

UNDERTAKER Joseph Albert

ADDRESS 57 Cheever

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190.... to ..... 190...., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Pulmonary tuberculosis

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) F. E. Varney Agent Board of Health M. D.

June 3 1906 (Address) North Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed June 4 1906 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

101

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Louise G. Fay Registered No. 42

Place of Death Fairfield St. North Chelmsford

Date of Death June 7 1906 Age 40 years ..... months ..... days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

STATISTICAL DETAIL

SEX	COLOR	~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~
Female	White	

MAIDEN NAME † Hagarty

HUSBAND'S NAME † Peter A.

BIRTHPLACE ‡ Lowell, Mass.

NAME OF FATHER Phillip

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Ann McCoy

BIRTHPLACE OF MOTHER ‡ Lowell, Mass.

OCCUPATION At home

INFORMANT § Peter A. Fay

PLACE OF BURIAL ~~OR REMOVAL~~ ‖ St. Patrick's Cemetery

DATE OF BURIAL June 8 1906

UNDERTAKER Peter H. Savage

ADDRESS 169 Worthen St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190.... to ..... 190...., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Pulmonary Congestion

..... (DURATION) 3 DAYS

Contributory Disease of Cervix

..... (DURATION) 2 DAYS

(Signed) J. C. Irish Med. Exp. M. D.

June 7 1906 (Address) 219 Central St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed June 7 1906 Edward J. Robbins Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

102

RETURN OF A DEATH

FULL NAME Jane Louise Constantino Registered No. 43

Place of Death* North Chelmsford

Date of Death June 9, 1906 Age 28 years — months — days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

STATISTICAL DETAIL

SEX	Female
COLOR	White
~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~	
MAIDEN NAME †	Jane E. McHale
HUSBAND'S NAME †	Filey J. Constantino
BIRTHPLACE ‡	Rhode Island
NAME OF FATHER	Philip McHale
BIRTHPLACE OF FATHER ‡	Ireland
MAIDEN NAME OF MOTHER	Ellen Foley
BIRTHPLACE OF MOTHER ‡	England
OCCUPATION	At Home
INFORMANT §	Husband
PLACE OF BURIAL OR REMOVAL ‖	Lowell St. Patrick's Cemetery
DATE OF BURIAL	June 11, 1906
UNDERTAKER	F. O'Donnell & Son
ADDRESS	324 Merrimack St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 1904 to June 9 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Uraemia

(DURATION) 3 DAYS

Contributory organic disease of kidneys

(DURATION) two years DAYS

(Signed) F. E. Varney M. D.

June 9 1906 (Address) N. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed June 11 1906 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

103

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL
(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Mary Ann McCabe Registered No. 940

Place of Death* City Hospital Date of Death June 22 1906

Residence South Chelmsford, Age 80 years months days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX F. COLOR W. SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Boston Mass.

NAME OF FATHER Hugh McCabe

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Mary Riley

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION None

INFORMANT § Frederick Bailey

PLACE OF BURIAL OR REMOVAL ‖ Edson Cem. Lowell DATE OF BURIAL June 24 1906

UNDERTAKER J. B. Currier ADDRESS 58 Prescott St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 1906 to June 22 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Apoplexy (DURATION) — DAYS

Contributory: — (DURATION) — DAYS

(Signed) Forster N Smith M.D.

June 22 1906 (Address) Lowell Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? — years — months — days

Where was disease contracted, If not at place of death?

Filed June 25 1906 City Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

104

RETURN OF A DEATH

FULL NAME Richard A. Ward Registered No. 45

Place of Death* Church St. North Phillipsford

Date of Death June 22d 1906 Age 16 years 5 months — days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~
male	White	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ North Phillipsford

NAME OF FATHER Stephen Ward

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Ellen Donnelley

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION School Boy

INFORMANT § Father

PLACE OF BURIAL OR REMOVAL ‖ St Patricks cemetery Lowell

DATE OF BURIAL June 25 1906

UNDERTAKER J. F. O'Donnell & Sons

ADDRESS 324 Market St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec. 5 1905 to June 22 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Hodgkin's Disease

two years (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) F E Varney M. D.

June 23 1906 (Address) N. Chelmsford Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed June 25 1906 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

105

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Almon W. Sweet Registered No. 46

Place of Death* Chelmsford, Date of Death June 25 1906.

Residence " Age 63 years 3 months 15 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX M COLOR W ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Potsdam N. Y.

NAME OF FATHER Moses Sweet

BIRTHPLACE OF FATHER ‡ Lowtsburg Canada

MAIDEN NAME OF MOTHER Maria Winslow

BIRTHPLACE OF MOTHER ‡ N. Y. State

OCCUPATION Merchant

INFORMANT § Mrs. A. J. W. Sweet

PLACE OF BURIAL OR REMOVAL ‖ Pine Ridge, Chelmsford DATE OF BURIAL June 28 1906.

UNDERTAKER Walter Perham ADDRESS Chelmsford, Mass.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Nov. 1905 to June 25th 1906., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pulmonary tuberculosis.

(DURATION) 6 mos. DAYS

Contributory:

(DURATION) DAYS

(Signed) Amara S Howard M.D.

June 26 1906 (Address) Chelmsford Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed June 27 1906 Edward J. Robbins Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL 106

RETURN OF A DEATH

FULL NAME Frank Dunigan Registered No. 47

Place of Death* North Chelmsford Mass

Date of Death July 4 1906 Age 57 years — months — days

STATISTICAL DETAIL

SEX	COLOR	~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~
M	W	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Ireland

NAME OF FATHER Peter Dunigan

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION Moulder

INFORMANT § James Dunigan

PLACE OF BURIAL OR REMOVAL ‖ St Patrick

DATE OF BURIAL July 5 1906

UNDERTAKER J H McDermott

ADDRESS 70 Gorham St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 3 1906 to July 3rd 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Heart disease

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Omer P Porter M. D.

July 5 1906 (Address) 253 Central St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed July 5 1906 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

107

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Still Born Lambert Registered No. 48

Place of Death* West Chelmsford Mass Date of Death July 6 1906

Residence West Chelmsford Mass Age — years — months — days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	White	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ West Chelmsford

NAME OF FATHER Edmond Lambert

BIRTHPLACE OF FATHER ‡ Canada

MAIDEN NAME OF MOTHER Josephine Peeves

BIRTHPLACE OF MOTHER ‡ Woonsocket Falls R.I.

OCCUPATION

INFORMANT § Ed Lambert

PLACE OF BURIAL OR REMOVAL ‖	DATE OF BURIAL
St Joseph Cem	July 7th 1906
UNDERTAKER	**ADDRESS**
Joseph Albert	57 Cheever St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ... 190 ... to July 6 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Asphyxia Neonatorum

few minutes (DURATION) ... DAYS

Contributory:

(DURATION) ... DAYS

(Signed) F E Varney M.D.

July 7 1906 (Address) W. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? ... years ... months ... days

Where was disease contracted, if not at place of death?

Filed July 7 1906 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

108

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

FULL NAME Elijah Dammon Bearce Registered No. 49

Place of Death* North Chelmsford, Mass

Date of Death July 7, 1906 Age 82 years 5 months 17 days

STATISTICAL DETAIL

SEX Male | COLOR W | SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ South Hanson, Mass

NAME OF FATHER Joseph Bearce

BIRTHPLACE OF FATHER ‡ Pembroke, Mass

MAIDEN NAME OF MOTHER Betsy Dammon

BIRTHPLACE OF MOTHER ‡ Pembroke Mass.

OCCUPATION Iron Foundry Business

INFORMANT § Bessie L. Piggott

PLACE OF BURIAL OR REMOVAL ‖ North Chelmsford | DATE OF BURIAL July 10, 1906

UNDERTAKER J. A. Wentbeck | ADDRESS 58 Middlesex St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 1 1906 to July 7 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Uraemia

(DURATION) 5 DAYS

Contributory Chronic Pericarditis

(DURATION) Years

(Signed) G. A. Harlow M. D.

July 9 1906 (Address) Springsbero

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed July 9 1906 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information.' If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL 109

RETURN OF A DEATH

FULL NAME Delia Ledoucer Registered No. 50

Place of Death* ~~Gorham~~ Street Chelmsford Mass

Date of Death July 9th 1906 Age ..... years 6 months ..... days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	W	

MAIDEN NAME † —

HUSBAND'S NAME †

BIRTHPLACE ‡ Lowell Mass.

NAME OF FATHER Dennis Dacon

BIRTHPLACE OF FATHER ‡ Woonsocket R. I

MAIDEN NAME OF MOTHER Letitia Ledoucer

BIRTHPLACE OF MOTHER ‡ Salem Mass

OCCUPATION —

INFORMANT § Letitia Ledoucer

PLACE OF BURIAL OR REMOVAL ‖ Edson Cem

DATE OF BURIAL July 9 1906

UNDERTAKER J. W. Brooks

ADDRESS Lowell

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 9th 190.. to July 9th 190.., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Cholera Infantum

(DURATION) One DAY

Contributory .....

(DURATION) ..... DAYS

(Signed) Wesley Sawyer M. D.

190.. (Address) .....

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed July 10 1906 Edward J. Robbins Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL 110

RETURN OF A DEATH

FULL NAME Mary W Holt Registered No. 51

Place of Death* North Chelmsford Mass

Date of Death July 11, 1906 Age 65 years 2 months days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	white	married

MAIDEN NAME † Mary W Pinney

HUSBAND'S NAME † Charles A Holt

BIRTHPLACE ‡ Lowell Mass

NAME OF FATHER Alden Pinney

BIRTHPLACE OF FATHER ‡ Vermont

MAIDEN NAME OF MOTHER — Robbins

BIRTHPLACE OF MOTHER ‡ Chelmsford Mass

OCCUPATION at home

INFORMANT § Husband

PLACE OF BURIAL OR REMOVAL ‖ Riverside Cemetery

DATE OF BURIAL July 20 1906

UNDERTAKER C. M. Young & Co

ADDRESS 33 Prescott St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 5 1906 to July 11 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Extinction of Insanity

Refused food & drink for 6 days (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) F E Varney M. D.

July 11 1906 (Address) N. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed July 13 1906 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information.' If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

111

RETURN OF A DEATH

FULL NAME Nathaniel J. Duncan Registered No. 52

Place of Death* North Chelmsford Mass

Date of Death July 14, 1906 Age 81 years 8 months 16 days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Male	white	married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Hancock N. H.

NAME OF FATHER Christy Duncan

BIRTHPLACE OF FATHER ‡ Hancock N. H.

MAIDEN NAME OF MOTHER Lois Dow

BIRTHPLACE OF MOTHER ‡ Hancock N. H.

OCCUPATION Retired

INFORMANT § Fred T Duncan

PLACE OF BURIAL OR REMOVAL ‖ Riverside Cemetery

DATE OF BURIAL July 16 1906

UNDERTAKER C. M. Young & Co.

ADDRESS 33 Prescott st

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from June 3 1906 to July 14 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Organic disease of heart

Last sickness about six wks (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) F. E. Tarney M. D.

July 14 1906 (Address) N. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed July 16 1906 Edward J. Robins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

112

RETURN OF A DEATH

FULL NAME Joseph Robert Registered No. 53

Place of Death* Princeton St. North Chelmsford.

Date of Death July 18 — 06 Age — years — months — days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Male	White	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ North Chelmsford

NAME OF FATHER Delvini Robert

BIRTHPLACE OF FATHER ‡ Canada

MAIDEN NAME OF MOTHER Delia Vallée

BIRTHPLACE OF MOTHER ‡ Canada

OCCUPATION At Home.

INFORMANT § Delvini Robert

PLACE OF BURIAL OR REMOVAL ‖ St Joseph. 2

DATE OF BURIAL July 19 1906

UNDERTAKER Joseph Albert

ADDRESS 57 Cheever

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190.... to July 18 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Still born

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) F E Varney M. D.

July 18 1906 (Address) N. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed July 19 1906 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL 113

RETURN OF A DEATH

FULL NAME Sarah M. Cornell Registered No. 54

Place of Death* North Chelmsford

Date of Death July 18, '06 Age 51 years 5 months 10 days

STATISTICAL DETAIL

SEX Female | COLOR W. | ~~SINGLE,~~ MARRIED, ~~WIDOWED, OR DIVORCED~~

MAIDEN NAME † Sarah Maria Gibson

HUSBAND'S NAME † Charles M. Cornell

BIRTHPLACE ‡ Westford, Mass

NAME OF FATHER George Gibson

BIRTHPLACE OF FATHER ‡ Not known

MAIDEN NAME OF MOTHER Joanna Cheney

BIRTHPLACE OF MOTHER ‡ Ticonderoga, N.Y.

OCCUPATION At Home

INFORMANT § Charles Cornell

PLACE OF BURIAL OR REMOVAL ‖ North Chelmsf. | DATE OF BURIAL July 20, 1906

UNDERTAKER J. A. Weinbeck | ADDRESS 80 Middlesex St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 3 1906 to July 18 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Gangrene

(DURATION) 15 DAYS

Contributory Organic disease of heart

(DURATION) ... DAYS

(Signed) L. E. Varney M.D.

July 18 1906 (Address) N. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed July 19 1906 Edward J. Robbins Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

114

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Evelyn Clingan Registered No. 55

Place of Death* Chelmsford, Mass Date of Death July 25 1906

Residence " " Age Stillborn years months days

STATISTICAL DETAILS

SEX F. COLOR W SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Chelmsford, Mass.

NAME OF FATHER James Clingan

BIRTHPLACE OF FATHER ‡ Scotland

MAIDEN NAME OF MOTHER Annie Locke

BIRTHPLACE OF MOTHER ‡ Barrington, N. H.

OCCUPATION

INFORMANT § Mrs. Geo. Locke.

PLACE OF BURIAL OR REMOVAL ‖ Hart Pond, Cemetery

DATE OF BURIAL July 26 1906

UNDERTAKER Walter Perham

ADDRESS Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, ~~from~~ July 25 1906 ~~to~~ ~~190~~, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Still born.

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) Amasa Howard M.D.

July 26 1906 (Address) Chelmsford.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed July 26 1906 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

115

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Elijah Andrews Registered No. 56

Place of Death* Chelmsford Town Farm Date of Death July 27 1906

Residence Chelmsford Age 76 years 5 months 12 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX Male

COLOR White

~~SINGLE,~~ MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Hudson, N.H.

NAME OF FATHER Grovenor Andrews

BIRTHPLACE OF FATHER ‡ Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER ‡ Unknown

OCCUPATION Farmer

INFORMANT § A. P. Brown

PLACE OF BURIAL OR REMOVAL ‖ Chelmsford Pine Ridge Cem.

DATE OF BURIAL July 28 1906

UNDERTAKER Walter Perham

ADDRESS Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 1905 to July 27 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Anaemia

(DURATION) DAYS

Contributory: Senile (DURATION) DAYS

(Signed) Amasa Howard M.D.

July 28 1906 (Address) Chelmsford.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed July 28 1906 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

111 116

RETURN OF A DEATH

FULL NAME Eva Robert Registered No. 57

Place of Death* # North Chelmsford Mass

Date of Death July 30 1906 Age years 6 months 30 days

STATISTICAL DETAIL

SEX F. COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Lowell Mass

NAME OF FATHER Albert Robert

BIRTHPLACE OF FATHER ‡ Canada

MAIDEN NAME OF MOTHER Florida Doiron

BIRTHPLACE OF MOTHER ‡ Canada

OCCUPATION At Home

INFORMANT § Albert Robert

PLACE OF BURIAL OR REMOVAL ‖ St Joseph's DATE OF BURIAL July 31 1906

UNDERTAKER Joseph Albert ADDRESS 57 Cheever

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190.... to July 27 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Mal. nutrition

2 or 3 month (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) F. E. Varney M. D.

July 30 1906 (Address) North Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed July 31 1906 Edward J. Robins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

117

RETURN OF A DEATH

FULL NAME Samuel O. Sanderson

Registered No. 58

Place of Death* Chelmsford Centre Mass.

Date of Death Aug 6th 1906 Age 63 years — months — days

STATISTICAL DETAIL

SEX M. COLOR W. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Milford N.H.

NAME OF FATHER Oliver Sanderson

BIRTHPLACE OF FATHER ‡ Harvard, Mass

MAIDEN NAME OF MOTHER Lucinda Miller

BIRTHPLACE OF MOTHER ‡ Peterborough N.H.

OCCUPATION Carpenter

INFORMANT § Wife

PLACE OF BURIAL OR REMOVAL ‖ Edson Cemetery

DATE OF BURIAL Aug. 8th 1906

UNDERTAKER J Bleurrier

ADDRESS 58 Prescott St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Aug. 3, 1906 to Aug. 6, 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Cholera Morbus

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Arthur G. Scabazza M. D.

Aug. 6, 1906 (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institudons, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

Filed Aug. 7 1906 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK. THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

CITY OF LOWELL

118

FULL NAME Andro Szwky

Registered No. 59

Place of Death* Chelmsford

Date of Death Aug 11 Age — years — months 1 days

STATISTICAL DETAIL

SEX Male

COLOR W.

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

MAIDEN NAME † —

HUSBAND'S NAME † —

BIRTHPLACE ‡ Chelmsford Mass

NAME OF FATHER Andro Szwky

BIRTHPLACE OF FATHER ‡ Austria

MAIDEN NAME OF MOTHER Sottys Szydy

BIRTHPLACE OF MOTHER ‡ Austria

OCCUPATION —

INFORMANT § Father

PLACE OF BURIAL OR REMOVAL ‖ St Joseph

DATE OF BURIAL Aug 12 1906

UNDERTAKER Napoleon Bilodeau

ADDRESS L. M.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190.... to Aug 11 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Primary Asphyxia

Heart-beat-for half hour (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) F E Varney M.D.

Aug 11 1906 (Address) N. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Aug 10 1906 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information.' If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

119

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Chelsea (CITY OR TOWN.)

FULL NAME Spaulding, Solomon Registered No. 60

Place of Death* Chelsea Soldiers' Home Date of Death July 21 1906

Residence Chelmsford, Mass Age 82 years 1 month 1 day

STATISTICAL DETAILS

SEX M COLOR W ~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Westford Mass

NAME OF FATHER George Spaulding

BIRTHPLACE OF FATHER ‡ Westford, Mass

MAIDEN NAME OF MOTHER Rhoda Frederick

BIRTHPLACE OF MOTHER ‡ Tyngsboro Mass

OCCUPATION Blacksmith

INFORMANT § —

PLACE OF BURIAL OR REMOVAL ‖ Lowell, Mass

DATE OF BURIAL — 190

UNDERTAKER J. A. Weinbach

ADDRESS Lowell

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 5 1905 to July 21 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Apoplexy

(DURATION) 10 DAYS

Contributory: Heart Disease many years (DURATION) — DAYS

(Signed) Geo. W. Jones M.D.

July 21 1906 (Address) Chelsea

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? 1 year 6 months 16 days

Where was disease contracted, If not at place of death?

Filed July 23 1906 Charles F. Read Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

120

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Persis M. Hadley Registered No. 61

Place of Death* Chelmsford, Mass. Date of Death Aug 14 1906

Residence Chelmsford, Mass. Age 70 years months days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX F. COLOR W ~~SINGLE, MARRIED~~, WIDOWED, ~~OR DIVORCED~~

MAIDEN NAME† Persis Ferguson

HUSBAND'S NAME† B. F. Hadley

BIRTHPLACE‡ Franklin Vt.

NAME OF FATHER Edward Ferguson

BIRTHPLACE OF FATHER‡ Unknown

MAIDEN NAME OF MOTHER Keziah Willis

BIRTHPLACE OF MOTHER‡ Canada

OCCUPATION Housekeeper

INFORMANT§ Mrs. L. F. Holman

PLACE OF BURIAL OR REMOVAL‖ Edson Cem. Lowell, Mass. DATE OF BURIAL Aug 17, 1906

UNDERTAKER Waller Perham ADDRESS Chelmsford.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 19 1906 to Aug 14 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cardiac Paralysis — (DURATION) 1 DAYS

Contributory: Phthisis (DURATION) 1 year. DAYS

(Signed) Amasa Howard M.D.

Aug. 16 1906 (Address) Chelmsford.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed Aug 17, 1906 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

121

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

CITY OF LOWELL

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

FULL NAME Aurelie Couillard **Registered No.** 62

Place of Death* North Chelmsford Mass

Date of Death Aug. 17th 06 **Age** 55 years 9 months days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~
Female	White	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Canada

NAME OF FATHER Adaire Couillard

BIRTHPLACE OF FATHER ‡ Canada

MAIDEN NAME OF MOTHER Olive Bernier

BIRTHPLACE OF MOTHER ‡ Canada

OCCUPATION House Keeper

INFORMANT § Clement Couillard

PLACE OF BURIAL OR REMOVAL ‖	DATE OF BURIAL
St Joseph Cem	Aug 20 1906
UNDERTAKER	**ADDRESS**
Leslie Albert	57 Cheever

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from June 3 1906 to Aug 17th 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Mitral Insufficiency

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) [illegible] M. D.

Aug 17 1906 (Address) 710 Merrimack

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

Filed Aug 20 1906 Edward J. Robbins Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

122

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Sarah Ella Blanchard Registered No. 63

Place of Death* Chelmsford, Mass Date of Death Aug. 23 1906

Residence " " Age 58 years 9 months 26 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX F. COLOR W ~~SINGLE~~, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

MAIDEN NAME † Sarah Whittemore

HUSBAND'S NAME † Eldridge A. Blanchard

BIRTHPLACE ‡ Lowell, Mass.

NAME OF FATHER Isaac Whittemore

BIRTHPLACE OF FATHER ‡ Tewksbury, Mass.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER ‡ Unknown

OCCUPATION Housekeeper

INFORMANT § Leonard Blanchard (son)

PLACE OF BURIAL OR REMOVAL ‖ Green Cem. Carlisle Mass

DATE OF BURIAL Aug 27 1906

UNDERTAKER Walter Perkins

ADDRESS Chelmsford.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Aug. 20, 1906 to Aug. 23, 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Insolation,

(DURATION) 4 DAYS

Contributory:

(DURATION) DAYS

(Signed) Arthur G. Sabbina, M.D.

Aug 23 1906, (Address) Chelmsford Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed Aug. 24 1906 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

123

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Mary Mariah M. Blaisdell, Registered No. 64

Place of Death* Chelmsford, Mass. Date of Death Aug. 26 1906

Residence Chelmsford, " Age 66 years 2 months 2 days

STATISTICAL DETAILS

SEX F. COLOR W. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

MAIDEN NAME† Mary M. Meads.

HUSBAND'S NAME† Andrew M. Blaisdell

BIRTHPLACE‡ Weston, Vermont

NAME OF FATHER Leonard Meads

BIRTHPLACE OF FATHER‡ Vermont.

MAIDEN NAME OF MOTHER Olive Baldwin

BIRTHPLACE OF MOTHER‡ Vermont

OCCUPATION Housewife

INFORMANT§ Irving Blaisdell, (son).

PLACE OF BURIAL OR REMOVAL‖ East Pond Cem. South Chelmsford. DATE OF BURIAL Aug. 29 1906

UNDERTAKER Walter Perham ADDRESS Chelmsford.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from April 29 1906 to Aug 26 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Hemiplegia

4 month (DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) F E Varney M.D.

Aug 27 1906 (Address) N. Chelmsford.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed Aug. 28, 1906 Edward J. Robbins Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL 124

RETURN OF A DEATH

FULL NAME Joseph Coté Registered No. 65

Place of Death* # North Chelmsford.

Date of Death Sept 5th - 06 Age ..... years — months — days 1 hr.

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Male	White	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ North Chelmsford

NAME OF FATHER Pierre Coté

BIRTHPLACE OF FATHER ‡ Canada

MAIDEN NAME OF MOTHER Delia Verville

BIRTHPLACE OF MOTHER ‡ Canada

OCCUPATION —

INFORMANT § Pierre Coté

PLACE OF BURIAL OR REMOVAL ‖ St Joseph's

DATE OF BURIAL Sept 5 1906

UNDERTAKER Joseph Albert

ADDRESS 57 Cheever

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190.... to Sept 5th 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: premature birth

one hour (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) F E Varney M. D.

Sept 5 1906 (Address) N. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Sept. 5 1906 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

125

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL
(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Charles Gillam Registered No. 1386

Place of Death* City Hospital Date of Death Sep. 6 1906

Residence Chelmsford Mass Age 76 years 5 months 28 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX M. COLOR W. SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ England.

NAME OF FATHER William Gillam

BIRTHPLACE OF FATHER ‡ England.

MAIDEN NAME OF MOTHER Mary Curtis

BIRTHPLACE OF MOTHER ‡ England.

OCCUPATION Operative

INFORMANT § Harry Gillam

PLACE OF BURIAL OR REMOVAL ‖ Edson Cem. Lowell, DATE OF BURIAL Sep. 9 1906

UNDERTAKER C. M. Young & Co ADDRESS 33 Prescott St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 24 1905 to Sep. 6 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Heart disease

(DURATION) — DAYS

Contributory:

(DURATION) — DAYS

(Signed) Forter H. Smith M.D.

Sep. 7 1906 (Address) Lowell Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? 1 years 4 months — days

Where was disease contracted, if not at place of death?

Filed Sep. 10 1906 City Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

FULL NAME — Michael McNulty — Registered No. 67

Place of Death*. East Chelmsford

Date of Death September 8, 1906 Age 68 years — months — days

STATISTICAL DETAIL

SEX: Male — COLOR: White — ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: Ireland

NAME OF FATHER: Matthew McNulty

BIRTHPLACE OF FATHER ‡: Ireland

MAIDEN NAME OF MOTHER: not known — Cole

BIRTHPLACE OF MOTHER ‡: Ireland

OCCUPATION: Farming

INFORMANT §: Son, Michael

PLACE OF BURIAL OR REMOVAL ‖: Lowell St Patricks Cemetery

DATE OF BURIAL: Sept 11 1906

UNDERTAKER: F D Donnell Son

ADDRESS: 524 Market St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Aug 10 1906 to Sept 8 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Cerebral Haemorrhage (DURATION) 1 mo.

Contributory (DURATION) DAYS

(Signed) E. J. Welch M. D.

Sept. 10 1906 (Address) 21 Kimball Bldg

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed Sept. 10 1906 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow

‡ State or Country; also city, town or county, if known

§ Name and address of person giving statistical details

‖ Name of cemetry.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

127

RETURN OF A DEATH

FULL NAME John F. McGarvey Registered No. 68

Place of Death* North Chelmsford

Date of Death October 25, 1906 Age 47 years — months — days

STATISTICAL DETAIL

SEX: mal COLOR: White ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: Lowell

NAME OF FATHER: James McGarvey

BIRTHPLACE OF FATHER ‡: Ireland

MAIDEN NAME OF MOTHER: Rose Gallagher

BIRTHPLACE OF MOTHER ‡: Ireland

OCCUPATION: Iron Moulder

INFORMANT §: Wife, Sarah McGarvey

PLACE OF BURIAL OR REMOVAL ‖: St Patrick's cemetery Lowell

DATE OF BURIAL: Oct 27 1906

UNDERTAKER: J. F. O'Donnell & Son

ADDRESS: 324 Market St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190.... to Oct 25 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Uraemic Convulsions

Two hours (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) F E Varney M. D.

Oct 26 1906 (Address) N. Chelmsford Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Oct. 27 1906 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

128

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Mary Jane Winn Registered No. 69

Place of Death* Chelmsford Centre Date of Death Oct 27 1906.

Residence Chelmsford Age 81 years 3 months 13 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX Female

COLOR white

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~OR~~ DIVORCED Single

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Salem

NAME OF FATHER John Winn

BIRTHPLACE OF FATHER ‡ Salem

MAIDEN NAME OF MOTHER Sally Flint

BIRTHPLACE OF MOTHER ‡ Salem

OCCUPATION

INFORMANT § J. E. Warren

PLACE OF BURIAL OR REMOVAL ‖ Harmony Grove Cem. Salem

DATE OF BURIAL Oct 29 1906

UNDERTAKER Walter Perham

ADDRESS Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct. 23 1906 to Oct. 27 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Paralysis

(DURATION) 5 DAYS

Contributory: Senile

(DURATION) DAYS

(Signed) Amasa Howard M.D.

Oct 28 1906 (Address) Chelmsford Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed October 28 1906 Edward J. Fobing Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Dr Howard

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL 129

RETURN OF A DEATH

FULL NAME Michael Driscoll Registered No. 70

Place of Death* Chelmsford Centre

Date of Death Oct 29 1906 Age 76 years — months — days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

STATISTICAL DETAIL

SEX Male | COLOR W | ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Ireland

NAME OF FATHER William Driscoll

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION at Home

INFORMANT § Mary Driscoll

PLACE OF BURIAL OR REMOVAL ‖ St Patrick

DATE OF BURIAL Oct 31 1906

UNDERTAKER Thos. J. McDermott

ADDRESS 70 Graham

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Aug. 1906 to Oct. 29 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Ascites — (DURATION) 3 mos DAYS

Contributory Senile — (DURATION) DAYS

(Signed) Amasa Howard M. D.

Oct 29 1906 (Address) Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Oct. 30 1906 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

130

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME James R. Bowley Registered No. 1624

Place of Death* Lowell Gen. Hospt. Date of Death Oct. 30 1906

Residence Chelmsford Mass. Age 53 years — months — days

STATISTICAL DETAILS

SEX M. COLOR W. SINGLE, MARRIED, WIDOWED, OR DIVORCED W.

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Temple Me

NAME OF FATHER William Bowley

BIRTHPLACE OF FATHER ‡ New Sharon Me

MAIDEN NAME OF MOTHER Mary Wilkins

BIRTHPLACE OF MOTHER ‡ Wilton N. H.

OCCUPATION Farmer

INFORMANT § E. A. Blaisdell.

PLACE OF BURIAL OR REMOVAL ‖ St Patrick Cem. Lowell

DATE OF BURIAL Nov. 1 1906

UNDERTAKER Walter Perham

ADDRESS Chelmsford.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct. 28 1906 to Oct. 30 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pneumonia

(DURATION) — DAYS

Contributory: —

(DURATION) — DAYS

(Signed) Merritt A. Long M.D.

Oct. 30 1906 (Address) Lowell Genl. Hospt.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? — years — months — days

Where was disease contracted, If not at place of death?

Filed Nov. 3 1906 Gerard P. Vadmare City Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

131

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Benjamin M. Fletcher Registered No. 72

Place of Death* So. Chelmsford, Mass. Date of Death Nov. 10, 1906

Residence " " " Age 79 years 9 months 12 days

STATISTICAL DETAILS

SEX: Male

COLOR: White

~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: Albany, N. H.

NAME OF FATHER: Jonathan Fletcher

BIRTHPLACE OF FATHER ‡: Gray, Maine

MAIDEN NAME OF MOTHER: Abigail Stead

BIRTHPLACE OF MOTHER ‡

OCCUPATION: Farmer

INFORMANT §: Mrs. Burton Fander

PLACE OF BURIAL OR REMOVAL ‖: Hart Pond Cemetery, So. Chelmsford, Mass.

DATE OF BURIAL: Nov. 14, 1906

UNDERTAKER: Dan'l P. Bruann

ADDRESS: So. Chelmsford, Mass.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct. 31 1906 to Nov 10 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pericarditis

(DURATION) 3 DAYS

Contributory: Enfeebled Condition

(DURATION) DAYS

(Signed) W. J. Sleeper per O. V. Wells M.D.

11-10 1906 (Address) Westford, Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed Nov. 12 1906 Edward J. Robbins Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

132

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

CITY OF LOWELL

FULL NAME John R. Mansfield **Registered No.** 73

Place of Death* First St. Chelmsford Centre

Date of Death Nov. 11 06 **Age** 74 years 7 months — days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAIL

SEX	COLOR	~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

MAIDEN NAME † —

HUSBAND'S NAME † —

BIRTHPLACE ‡ Carlisle

NAME OF FATHER Garder S. Mansfield

BIRTHPLACE OF FATHER ‡ Carlisle

MAIDEN NAME OF MOTHER Eliza Robbins

BIRTHPLACE OF MOTHER ‡ Carlisle

OCCUPATION Physician

INFORMANT § Mrs Thomas F. McDonough

PLACE OF BURIAL OR REMOVAL ‖ Wakefield Mass

DATE OF BURIAL Nov. 14 1906

UNDERTAKER Oliver Walton

ADDRESS Wakefield

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190.... to Nov. 11, 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Epileptiform Convulsions

(DURATION) ..... DAYS

Contributory

About two y'rs (DURATION) ..... DAYS

(Signed) Arthur G. Scobona, M. D.

Nov. 12, 1906 (Address) Chelmsford Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Nov. 13 1906 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL 133

RETURN OF A DEATH

Registered No. 74

FULL NAME Georgiana Bruno

Place of Death* Chelmsford Mass

Date of Death November 14th 1906 Age 23 years ..... months ..... days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	white	

MAIDEN NAME † Georgiana Landry

HUSBAND'S NAME † Amable Bruno

BIRTHPLACE ‡ Canada

NAME OF FATHER Felix Landry

BIRTHPLACE OF FATHER ‡ Canada

MAIDEN NAME OF MOTHER Marie Lacombe

BIRTHPLACE OF MOTHER ‡ Canada

OCCUPATION House keeper

INFORMANT § A Bruno

PLACE OF BURIAL OR REMOVAL ‖ St Joseph Cem.

DATE OF BURIAL Nov 16 1906

UNDERTAKER Joseph Albert

ADDRESS 57 Cheever

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Nov 13 1906 to Nov 14 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Appendicitis

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) R. Mignault M. D.

Nov 15 1906 (Address) 57 Merrimack

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Nov. 15, 1906 Edward J. Robbins Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Dr Mignault

134

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

Registered No. 75

FULL NAME Susanna D. Randlett

Place of Death* Chelmsford Mass.

Date of Death Nov. 15th Age 87 years months days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
F.	Br.	

MAIDEN NAME † Susanna Clark

HUSBAND'S NAME † George K. Randlett

BIRTHPLACE ‡ Solon. Me.

NAME OF FATHER unknown

BIRTHPLACE OF FATHER ‡ N. H.

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER ‡ unknown

OCCUPATION At Home

INFORMANT § Son.

PLACE OF BURIAL OR REMOVAL ‖ Riverside No Chelmsford Cemetery

DATE OF BURIAL Nov 17th 1906

UNDERTAKER J Blaunier.

ADDRESS 58 Prescott St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Nov 13 1906 to Nov. 15 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Old age

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Owen Porter M. D.

Nov. 16 1906 (Address) 253 Central St.

SPECIAL INFORMATION only for Hospitals, Institudons, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed Nov. 16, 1906. Edward Robins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information.' If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

Dr Porter.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

~~CITY OF LOWELL~~ North Chelmsford Mass

135

RETURN OF A DEATH

FULL NAME Peter O'Connor Registered No. 76

Place of Death* Main St North Chelmsford Mass

Date of Death November 30, 1906 Age 61 years — months days

STATISTICAL DETAIL

SEX Male

COLOR White

~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Ireland

NAME OF FATHER John O'Connor

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Ellen Moore

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION Iron Moulder

INFORMANT § Wife Ellen E. O'Connor

PLACE OF BURIAL OR REMOVAL ‖ Lowell Mass. St Patrick's

DATE OF BURIAL Dec 3d 1906

UNDERTAKER J. H. O'Donnell & Sons

ADDRESS Lowell Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 1905 to Nov 30 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Hemiplegia

seventeen month (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) F. E. Varney M. D.

Dec 1 1906 (Address) N. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed Dec. 3 1906 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

136

RETURN OF A DEATH

FULL NAME Edith A. Nickles Registered No. 77

Place of Death* East Chelmsford Mass

Date of Death December 5th 1906 Age 32 years — months 5 days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	white	Married

MAIDEN NAME † Edith A. Boughton

HUSBAND'S NAME † Abah H. Nickles

BIRTHPLACE ‡ England

NAME OF FATHER William Boughton

BIRTHPLACE OF FATHER ‡ England

MAIDEN NAME OF MOTHER Harriet Low

BIRTHPLACE OF MOTHER ‡ England

OCCUPATION at home

INFORMANT § Husband

PLACE OF BURIAL OR REMOVAL ‖ Edson Cemetery

DATE OF BURIAL Dec. 9, 1906

UNDERTAKER C. M. Young & Co

ADDRESS 33 Prescott St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec. 1 1906 to Dec. 4, 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Pneumonia and Miscarriage (DURATION) DAYS

Contributory (DURATION) a few DAYS

(Signed) Arthur G. Seabury M. D.

Dec 8, 1906 (Address) Chelmsford Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Dec. 8 1906 Edward J. Robins Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

137

RETURN OF A DEATH

Chelmsford (CITY OR TOWN.)

FULL NAME Mary A. McEnaney Registered No. 78

Place of Death* North Chelmsford Date of Death Dec. 7 1906

Residence North Chelmsford Age 40 years — months — days

STATISTICAL DETAILS

SEX Female | COLOR White | SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~ Single

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ North Chelmsford

NAME OF FATHER Peter McEnaney

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Rose A. McEnaney

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION Home Work

INFORMANT § Sister

PLACE OF BURIAL OR REMOVAL ‖ St. Patricks Cem. Lowell

DATE OF BURIAL Dec. 10, 1906

UNDERTAKER C. H. Molloy

ADDRESS Lowell

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec. 5 1906 to Dec. 7 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Chronic Bronchitis

Several years (DURATION) DAYS

Contributory:

Weak Heart (DURATION) DAYS

(Signed) Amasa Howard M.D.

Dec. 8 1906 (Address) Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed Dec. 10, 1906 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

COMMONWEALTH OF MASSACHUSETTS

~~CITY OF LOWELL~~ 138

RETURN OF A DEATH

79

FULL NAME Henry A Osburn Registered No.

Place of Death* Chelmsford Mass

Date of Death Dec 7 1906 Age 65 years 3 months 14 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Male	White	married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Lowell

NAME OF FATHER Stephen A Osburn

BIRTHPLACE OF FATHER ‡ Lowell

MAIDEN NAME OF MOTHER Lucy Robbins

BIRTHPLACE OF MOTHER ‡ Chelmsford

OCCUPATION Farmer

INFORMANT § Frank P Osburn

PLACE OF BURIAL OR REMOVAL ‖ Lowell Cemetery

DATE OF BURIAL Dec 11 1906

UNDERTAKER Horace Eda

ADDRESS 12 Hurd St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct 1906 to Dec 7 1906 that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Nephritis abscess

(DURATION) DAYS

Contributory Kidney & bladder dis

(DURATION) DAYS

(Signed) G Forest Martin M. D.

Dec 8 1906 (Address) 19 Pauge

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

Filed Dec. 10 1906 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL 139

RETURN OF A DEATH

FULL NAME Marie B. J. Bellerose Registered No. 80

Place of Death* Chelmsford Center

Date of Death Aug 22 1906 Age — years — months 9 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

STATISTICAL DETAIL

SEX f | COLOR W | SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Chelmsford Center

NAME OF FATHER David Bellerose

BIRTHPLACE OF FATHER ‡ Canada

MAIDEN NAME OF MOTHER Almina Menard

BIRTHPLACE OF MOTHER ‡ Canada

OCCUPATION —

INFORMANT § Father

PLACE OF BURIAL OR REMOVAL ‖ St Patrick

DATE OF BURIAL Aug 22 1906

UNDERTAKER A Archambault Merrimack

ADDRESS 738

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 14 1906 to May 22 1906 that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Congenital Debility

(DURATION) 9 DAYS

Contributory

(DURATION) DAYS

(Signed) P V Rochette M. D.

May 22 1906 (Address) 934 Merrimack St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

Filed Aug 22 1906 Edward J. Robins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

COMMONWEALTH OF MASSACHUSETTS

140

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME George Hyde

Registered No. 81

Place of Death* North Chelmsford

Date of Death Dec. 10, 1906 Age 85 years months days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

STATISTICAL DETAIL

SEX: Male

COLOR: White

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: Francestown N. H.

NAME OF FATHER: William Hyde

BIRTHPLACE OF FATHER ‡: Coventree Connecticut

MAIDEN NAME OF MOTHER: Alice Marshall

BIRTHPLACE OF MOTHER ‡: Billerica

OCCUPATION: Pattern Maker

INFORMANT §: Mrs. Hyde

PLACE OF BURIAL OR REMOVAL ‖: Riverside Cemetery No. Chelmsford

DATE OF BURIAL: Dec. 12, 1906

UNDERTAKER: J. A. Weinbeck

ADDRESS: 80 Middx. St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec 1 1906 to Dec 10 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Hemiplegia

(DURATION) 10 DAYS

Contributory

(DURATION) DAYS

(Signed) F. E. Durney M. D.

Dec 10 1906 (Address) N. C.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

Filed Dec. 11, 1906 Edward J. Rattling Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK. — THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

141

COMMONWEALTH OF MASSACHUSETTS

Town of Chemsford ~~City of Cambridge~~

RETURN OF A DEATH

FULL NAME Tharsile Segrow Registered No. 82

*Place of Death } 8 Princeton St N. Chemsford ~~Cambridge~~ { Date of Death Dec 13 1906
Name of Hospital or Institution, if any No. Street

Place of Residence } 8 Princeton St. Age 81 Years — Months — Days
No. Street City or Town

STATISTICAL DETAILS

Sex Female Color White ~~Single~~, ~~Married~~, Widowed or ~~Divorced~~

Maiden Name If a married or divorced woman or widow
Tharsile Langley

Husband's Full Name
David Segrow

Birthplace City or Town and State or Country
Canada

Full Name of Father
Unknown

Birthplace of Father City or Town and State or Country
Canada

Maiden Name of Mother
Unknown

Birthplace of Mother City or Town and State or Country
Canada

Occupation
none

Informant's Name (Person giving statistical details)
Sister in law No. Street City or Town

Place of Burial or Removal Cemetery
Rindge Ave Cem N Camb

Undertaker's Name Address
Timothy T. A Danehy
N Cambridge

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec 4 1906 to Dec 13 1906 that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:
(If a soldier or sailor who served in the war of the rebellion both the primary and contributory causes of death must be given.)

Primary: } Exhaustion of old age (Duration) confined to bed 3 weeks.

Contributory: } (Duration)

(Signed) F E Varney M. D.

(Address) North Chelmsford.

*How long at Place of Death? Years Months Days

Usual Residence

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Received at office of Board of Heatth Dec. 15 1906 No. of Burial Permtt

Edward J. Robbins
~~Clerk of Board of Heatth~~
Town Clerk

Form 1

Printed by Trades Union Labor Council Norfolk 90

The office of Board of Health will be open for the granting of permits for burial as follows: Saturdays, 8 a. m. till 1 p. m.; Sundays and Holidays, 12 m. till 1 p. m.; Other Days from 8 a. m. till 4 p. m.

BE VERY CAREFUL TO FILL ALL BLANKS IN INK

142

COMMONWEALTH OF MASSACHUSETTS

Chelmsford
(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Chas. F. M. Fish Registered No. 83

Place of Death* South Chelmsford Date of Death Dec. 16 1906

Residence " " Age 46 years 3 months 18 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: M COLOR: W ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Waterville, Me.

NAME OF FATHER Joseph Fish

BIRTHPLACE OF FATHER ‡ Waterville, Me.

MAIDEN NAME OF MOTHER Sarah Parker

BIRTHPLACE OF MOTHER ‡ Maine.

OCCUPATION Blacksmith.

INFORMANT § Mrs. Fish (wife)

PLACE OF BURIAL OR REMOVAL ‖ East Pond Cem. DATE OF BURIAL Dec. 18 1906

UNDERTAKER W. Pulham ADDRESS Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec. 9 1906 to Dec. 16, 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Double Pneumonia

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) Anton G. Scobora, M.D.

Dec. 17 1906 (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed Dec. 18 1906 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL 143

RETURN OF A DEATH

FULL NAME Hannah Wheeler Registered No. 84

Place of Death* Chelmsford Mass

Date of Death Dec 17 1906 Age 75 years 5 months 13 days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	white	married

MAIDEN NAME † Hannah Dane

HUSBAND'S NAME † John Wheeler

BIRTHPLACE ‡ Danville Vermont

NAME OF FATHER Joseph Dane

BIRTHPLACE OF FATHER ‡ Vermont

MAIDEN NAME OF MOTHER Jane Wheeler

BIRTHPLACE OF MOTHER ‡ Vermont

OCCUPATION at home

INFORMANT § Husband

PLACE OF BURIAL OR REMOVAL ‖ Derby Vermont

DATE OF BURIAL Dec 19 1906

UNDERTAKER C. M. Young & Co

ADDRESS 33 Prescott

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Nov. 26 1906 to Dec. 16 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Valvular Heart Disease

Indefinite (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) Arthur G. Scobona M. D.

Dec. 17, 1906, (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Dec. 19 1906 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

144

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Chelmsford
(CITY OR TOWN.)

FULL NAME Lawrence A. Greenwood Registered No. 85

Place of Death* Chelmsford Date of Death Dec. 23, 1906

Residence " Age — years 3 months 23 days

STATISTICAL DETAILS

SEX M | COLOR W | SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Concord, Mass.

NAME OF FATHER Thomas Greenwood

BIRTHPLACE OF FATHER ‡ Gilbertville, Mass.

MAIDEN NAME OF MOTHER Josie Pillsbury

BIRTHPLACE OF MOTHER ‡ Lowell, Mass

OCCUPATION

INFORMANT § Thos. Greenwood

PLACE OF BURIAL OR REMOVAL ‖ Rec. Tomb. Forefathers Cem.

DATE OF BURIAL Dec. 26 1906

UNDERTAKER Walter Pulham

ADDRESS Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190 .... to ..... 190 ...., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Inanition.

3 (DURATION) 23 DAYS

Contributory: .....

..... (DURATION) ..... DAYS

(Signed) Arthur G. Scobiny M.D.

Dec. 26 1906, (Address) Agt. Board of Health Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? ..... years ..... months ..... days

Where was disease contracted, If not at place of death? .....

Filed Dec. 26 1906 Edward J. Robbins Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

145

Chelmsford
(~~CITY OR~~ TOWN.)

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Alexander John Park Registered No. 86

Place of Death* South Chelmsford Date of Death Dec 30 1906

Residence So. Chelmsford Age 40 years — months — days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: Male | COLOR: White | SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: Battic Conn.

NAME OF FATHER: John N. Park

BIRTHPLACE OF FATHER ‡: Windham N.H.

MAIDEN NAME OF MOTHER: Rebecca F. Titcomb

BIRTHPLACE OF MOTHER ‡: Webster N.H.

OCCUPATION: Gardner

INFORMANT §: Mrs. J. N. Park

PLACE OF BURIAL OR REMOVAL ‖: Hart Pond Cem. So Chelmsford

DATE OF BURIAL: Jan 3 1907

UNDERTAKER: Walter Perham

ADDRESS: Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec. 21, 1906 to Dec. 30, 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Epidemic Influenza and Pneumonia

(DURATION) DAYS

Contributory: Abscess of Throat.

(DURATION) 9 DAYS

(Signed) Arthur G. Scobosia, M.D.

Jan. 2, 1907 (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed Jan. 3, 1906 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

146

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL
(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Jotham Goodell Registered No. 1918

Place of Death* City Hospt. Lowell Mass Date of Death Dec 31 1906

Residence No Chelmsford Age 89 years 3 months 9 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX M | COLOR W. | SINGLE, MARRIED, WIDOWED, OR DIVORCED W.

MAIDEN NAME † —

HUSBAND'S NAME † —

BIRTHPLACE ‡ Woodbury Vt.

NAME OF FATHER Abraham Goodell

BIRTHPLACE OF FATHER ‡ Sturbridge Mass.

MAIDEN NAME OF MOTHER Betsy Whiller

BIRTHPLACE OF MOTHER ‡ Rehoboth Mass.

OCCUPATION Retired

INFORMANT § Mrs Litchfield

PLACE OF BURIAL OR REMOVAL ‖ Edson Cem. Lowell

DATE OF BURIAL Jan 3 1907

UNDERTAKER C. M. Young & Co

ADDRESS 33 Prescott St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct. 6 1906 to Dec 31 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: General Debility of old age

(DURATION) — DAYS

Contributory: —

(DURATION) — DAYS

(Signed) Forster N. Smith M.D.

Jan 1 1907 (Address) Lowell Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? — years — months 9 days

Where was disease contracted, If not at place of death?

Filed Jan 4 1907 City Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

147

CITY OF LOWELL

(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Henry Hines Registered No. 1906

Place of Death* Corporation Hospl. Date of Death Dec 28 1906

Residence Chelmsford Mass Age 55 years — months — days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
M	W.	W.

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ England

NAME OF FATHER Michael Hines

BIRTHPLACE OF FATHER ‡ England

MAIDEN NAME OF MOTHER Nancy —

BIRTHPLACE OF MOTHER ‡ England

OCCUPATION Mill Operative

INFORMANT § Mrs Simeon Naylor

PLACE OF BURIAL OR REMOVAL ‖	DATE OF BURIAL
Edson Cem. Lowell	Dec 30 1906
UNDERTAKER	ADDRESS
J. F. O'Donnell & Sons	Lowell Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190 .... to ..... 190 ...., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cirrhosis of Liver

(DURATION) — DAYS

Contributory: —

(DURATION) — DAYS

(Signed) C. E. Simpson M.D.

Dec 30 1906 (Address) Lowell Hospl.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? ..... years ..... months ..... days

Where was disease contracted, If not at place of death? .....

Filed Dec 31 1906

City Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

148

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Chelmsford (CITY OR TOWN.)

FULL NAME Eunice Emiline Smith Registered No. 1

Place of Death* Chelmsford, Mass. Date of Death Jan. 13 1907

Residence " " Age 8 years 9 months 5 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX F. COLOR W. SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Stratham, N. H.

NAME OF FATHER Daniel S. Smith

BIRTHPLACE OF FATHER ‡ Keene, N. H.

MAIDEN NAME OF MOTHER Lorana E. Ellis

BIRTHPLACE OF MOTHER ‡ Manchester, Vt.

OCCUPATION

INFORMANT § Daniel S. Smith

PLACE OF BURIAL OR REMOVAL ‖ Dawn Cem. [illegible], N. H.

DATE OF BURIAL Jan. 15 1907

UNDERTAKER Walter Peckham

ADDRESS Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Aug. 1906 to Jan. 12 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Valvular Heart Disease Indefinite (DURATION) DAYS

Contributory: Passive congestion of Liver & Kidney (DURATION) DAYS

(Signed) Arthur G. Scoboria M.D.

Jan. 14, 1907 (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed Jan. 15 1906 Edward J. Robbins Clerk Town

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

COMMONWEALTH OF MASSACHUSETTS

Chelmsford Mass. ~~CITY OF LOWELL~~ 149

RETURN OF A DEATH

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

FULL NAME Eileen Ward **Registered No.** 2

Place of Death* Church St North Chelmsford Mass

Date of Death Jany 17, 1907 **Age** 5-9 years months days

STATISTICAL DETAIL

SEX: F

COLOR: White

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

MAIDEN NAME †: Ellen Donnelly

HUSBAND'S NAME †: Stephen Ward

BIRTHPLACE ‡: Ireland

NAME OF FATHER: Peter Donnelly

BIRTHPLACE OF FATHER ‡: Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER ‡: Ireland

OCCUPATION: at Home

INFORMANT §: Stephen Ward Husband

PLACE OF BURIAL OR REMOVAL ‖: St Patricks Cemetery Lowell Mass

DATE OF BURIAL: Jany 19 1907

UNDERTAKER: J. F. O'Donnell & Sons

ADDRESS: Lowell Mass.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jany 7 1907 to Jany 17 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Uraemia

(DURATION) 10 DAYS

Contributory: Organic disease of Kidneys

(DURATION) 2 years DAYS

(Signed) F E Varney M. D.

Jany 18 1907 (Address) N. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Jan. 19, 1907 Edward J. Robins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information.' If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

150

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Mary E Keyes Registered No. 3

Place of Death* North Chelmsford

Date of Death Jan 20 1907 Age 40 years 2 months 20 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Fem	white	married

MAIDEN NAME † Mary E Litchfield

HUSBAND'S NAME † Edward H. Keyes

BIRTHPLACE ‡ Carlisle

NAME OF FATHER Paul F Litchfield

BIRTHPLACE OF FATHER ‡ Carlisle

MAIDEN NAME OF MOTHER Sarah E Carter

BIRTHPLACE OF MOTHER ‡ Barnet Vt

OCCUPATION at home

INFORMANT § E H. Keyes

PLACE OF BURIAL OR REMOVAL ‖ North Chelmsford

DATE OF BURIAL Jan 23 1907

UNDERTAKER Horace Edes

ADDRESS 12 Hurd St Lowell

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jany 19 1907 to Jany 20 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Diabetes Coma

Coma 12 hours (DURATION) DAYS

Contributory Diabetes 2 or 3 years

(DURATION) DAYS

(Signed) F E Varney M. D.

Jany 21 1907 (Address) N Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Jan. 23 1907 Edward J. Robins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information.' If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

151

COMMONWEALTH OF MASSACHUSETTS

~~CITY OF LOWELL~~

Chelmsford Mass.

Chelmsford Mass

RETURN OF A DEATH

FULL NAME James H. McCabe Registered No. 4

Place of Death* North Chelmsford

Date of Death January 23, 1907 Age 42 years — months — days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

STATISTICAL DETAIL

SEX: mal

COLOR: Wht

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: North Chelmsford

NAME OF FATHER: Henry McCabe

BIRTHPLACE OF FATHER ‡: Ireland

MAIDEN NAME OF MOTHER: Margaret McCoy

BIRTHPLACE OF MOTHER ‡: Ireland

OCCUPATION: Clerg

INFORMANT §: Sister Josephine McCabe

PLACE OF BURIAL OR REMOVAL ‖: St Patrick's cemetery

DATE OF BURIAL: Jan 25 1907

UNDERTAKER: Frank F. O'Donnell & Sons

ADDRESS: 324 Merrimack St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jany 19 1907 to Jany 23 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Pulmonary tuberculosis

one year (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) F E Varney M. D.

Jany 23 1907 (Address) N. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Jany 24, 1907 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

152

RETURN OF A DEATH

FULL NAME Roy William Buxton Registered No. 5

Place of Death* East Shelmsford

Date of Death Jan. 26 1907 Age ..... years 1 months 14 days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Male	White	

MAIDEN NAME † —

HUSBAND'S NAME † —

BIRTHPLACE ‡ E. Shelmsford.

NAME OF FATHER Harry O. Buxton

BIRTHPLACE OF FATHER ‡ Fitchburg, Mass.

MAIDEN NAME OF MOTHER ~~Mary Marshall~~ ~~Lula Johnson~~ Dix

BIRTHPLACE OF MOTHER ‡ Chelmsford ~~Lyman Mass.~~

OCCUPATION —

INFORMANT § Harry O. Buxton Father.

PLACE OF BURIAL OR REMOVAL ‖ Edson Cem. Tomb.

DATE OF BURIAL Jan 29 1907

UNDERTAKER Horace Ela.

ADDRESS Lowell

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec 12 1906 to Dec. 30, 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Premature birth — Inanition —

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Arthur G. Scobina, M. D.

1-28, 1907 (Address) Chelmsford, Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Jan. 29 1907 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL /53

RETURN OF A DEATH

FULL NAME Julia Crowley Registered No. 6

Place of Death* East Chelmsford

Date of Death Jan 30, 1907 Age 70 years — months — days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

STATISTICAL DETAIL

SEX f

COLOR

~~SINGLE, MARRIED~~, WIDOWED, OR ~~DIVORCED~~

MAIDEN NAME † Julia P. Reardon

HUSBAND'S NAME † Cornelius Crowley

BIRTHPLACE ‡ Ireland

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION at Home

INFORMANT § Daniel Reardon East Chelmsford

PLACE OF BURIAL OR REMOVAL ‖ St Patrick

DATE OF BURIAL Feb 2, 1907

UNDERTAKER Thomas J. McDermott

ADDRESS 70 Graham

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 30 1907 to Jan 30 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Pneumonia

(DURATION) 3 DAYS

Contributory Senility

(DURATION) DAYS

(Signed) George T. O'Donnell M. D.

Jan. 31st 1907 (Address) No. Billerica, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Jan 31, 1907 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL 154

RETURN OF A DEATH

FULL NAME Rhoda J. Hoyt Registered No. 7

Place of Death* Chelmsford Centre Mass

Date of Death Jan 31. 1907 Age 83 years 1 months 9 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	white	Widow

MAIDEN NAME † Rhoda J. Hilton

HUSBAND'S NAME † William H Hoyt

BIRTHPLACE ‡ Parsonsfield Maine

NAME OF FATHER George H. Hilton

BIRTHPLACE OF FATHER ‡ Parsonsfield Maine

MAIDEN NAME OF MOTHER Abigail Ricker

BIRTHPLACE OF MOTHER ‡ Parsonsfield Maine

OCCUPATION at home

INFORMANT § Son

PLACE OF BURIAL OR REMOVAL ‖ Chelmsford Centre

DATE OF BURIAL Feb 3 1907

UNDERTAKER C M. Young & Co

ADDRESS 33 Prescott

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190.... to ..... 190...., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Disease of Heart

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. C. Smith Medical Examiner M. D.

Feb 4 1907 (Address) 219 Central St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Feb. 2 1907 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Irish

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL 155

RETURN OF A DEATH

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

FULL NAME John Bradley **Registered No.** 8

Place of Death* Wright St. North Chelmsford, Mass.

Date of Death February 3, 1907 **Age** 75 years 2 months 28 days

STATISTICAL DETAIL

SEX	COLOR	~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~
Male	White	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Nottingham, England

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER ‡ Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER ‡ Unknown

OCCUPATION Inventor

INFORMANT § Mr. John Bradley

PLACE OF BURIAL OR REMOVAL ‖ Edson Cemetery Lowell Mass.

DATE OF BURIAL Feb. 6, 1907

UNDERTAKER J. A. Weinbeck

ADDRESS 80 Middx. St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan'y 30 1907 to Feby 3 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Influenza

(DURATION) 5 DAYS

Contributory

(DURATION) DAYS

(Signed) F. E. Varney M. D.

Feby 4 1907 (Address) N. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

Filed Feb. 6 1907 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME John A. Knowles Registered No. 9

Place of Death* West Chelmsford

Date of Death Feb. 7th 1907 Age 84 years 9 months — days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: M. COLOR: W ~~SINGLE, MARRIED~~, WIDOWED, OR ~~DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: Orford N. H.

NAME OF FATHER: Samuel Knowles

BIRTHPLACE OF FATHER ‡: unknown

MAIDEN NAME OF MOTHER: Betsy Call

BIRTHPLACE OF MOTHER ‡: unknown

OCCUPATION: retired

INFORMANT §: Daughter

PLACE OF BURIAL OR REMOVAL ‖: West Chelmsford

DATE OF BURIAL: Feb 11th 1907

UNDERTAKER: J Blurrier & Co

ADDRESS: 58 Prescott St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Feb 7 1907 to Feb 7 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Influenza

(DURATION) 7 DAYS

Contributory: Heart failure

(DURATION) — DAYS

(Signed) G A Harlow M.D.

Feb 10 1907 (Address) Tyngsboro,

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Feb 10 1907 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

157

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Addie E. Emerson Registered No. 10

Place of Death* Chelmsford Centre

Date of Death Feb 11th 1907 Age 64 years — months — days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

STATISTICAL DETAIL

SEX F. COLOR W. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

MAIDEN NAME † Kittredge

HUSBAND'S NAME † James P. Emerson

BIRTHPLACE ‡ Lowell

NAME OF FATHER George Kittredge

BIRTHPLACE OF FATHER ‡ Vermont.

MAIDEN NAME OF MOTHER Eliza Heald

BIRTHPLACE OF MOTHER ‡ Carlisle

OCCUPATION At Home

INFORMANT § Husband

PLACE OF BURIAL OR REMOVAL ‖ Chelmsford Centre

DATE OF BURIAL Feb 13th 1907

UNDERTAKER J Bleunier & Co.

ADDRESS 54 Prescott St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Feb. 10, 1907 to Feb. 10, 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Cerebral hemorrhage

14 hours (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Arthur G. Scobona M. D.

Feb. 11, 1907 (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Feb. 11 1907 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

158

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL
(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Joseph Arthur Bourget Registered No. 11

Place of Death* North Chelmsford Mass Date of Death Feb. 11th 1907

Residence North Chelmsford Age — years — months 11 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: Male

COLOR: White

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: North Chelmsford

NAME OF FATHER: Telesphore Bourget

BIRTHPLACE OF FATHER ‡: Canada

MAIDEN NAME OF MOTHER: Celina Martel

BIRTHPLACE OF MOTHER ‡: Canada

OCCUPATION: —

INFORMANT §: F. Bourget

PLACE OF BURIAL OR REMOVAL ‖: St Joseph Cem

DATE OF BURIAL: Feb 15 1907

UNDERTAKER: Joseph Albert

ADDRESS: 57 Cheever

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from no attendance 190..., to 190..., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: unknown

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) F E Varney M.D.
agent Board of Health

Feby 12 1907 (Address) North Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed Feb. 15 1907 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL 159

RETURN OF A DEATH

FULL NAME Emily M. Truby **Registered No.** 12

Place of Death* No. Chelmsford, Mass.

Date of Death February 13, 1907 **Age** 35 years months 10 days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~
Female	White	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ No. Chelmsford, Mass.

NAME OF FATHER John Truby

BIRTHPLACE OF FATHER ‡ England

MAIDEN NAME OF MOTHER Emily Spur

BIRTHPLACE OF MOTHER ‡ England

OCCUPATION At home

INFORMANT § Emanuel Truby

PLACE OF BURIAL OR REMOVAL ‖ No. Chelmsford, Mass.

DATE OF BURIAL Feb. 17, 1907

UNDERTAKER J. A. Weinbeck

ADDRESS 20 Middx. St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Feb 3 1907 to Feb 13 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the **CAUSE OF DEATH** was of follows:

Primary: Influenza (DURATION) 10 DAYS

Contributory Arthritis Deformens (DURATION) DAYS

(Signed) G. A. Harlow M. D.

Feb 14 1907 (Address) Tyngsboro

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Feb. 15, 1907 Edward J. Rotting Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

COMMONWEALTH OF MASSACHUSETTS

~~CITY OF LOWELL~~ 160

RETURN OF A DEATH

FULL NAME Patrick H. McEnaney **Registered No.** North Chelmsford Mass 15

Place of Death* North Chelmsford Mass

Date of Death Feby 14, 1907 **Age** 64 years — months — days

STATISTICAL DETAIL

SEX	COLOR	~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~
Male	White	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Ireland

NAME OF FATHER Arthur McEnaney

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Mary McEnaney

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION Iron Moulder

INFORMANT § Kate McEnaney Wife

PLACE OF BURIAL OR REMOVAL ‖ St. Patrick's Lowell Mass

DATE OF BURIAL Feby 16 1907

UNDERTAKER P. C. Donnell & Sons

ADDRESS Lowell Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ~~100~~ to Feby 14 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Organic disease of heart

(DURATION) DAYS

Contributory

few minutes (DURATION) DAYS

(Signed) F E Varney M. D.

Feby 15 1907 (Address) N. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

Filed Feb 15 1907 Edward J. Robins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

161

RETURN OF A DEATH

Chelmsford
(~~CITY OR~~ TOWN.)

FULL NAME Horace Butters Registered No. 14

Place of Death* Chelmsford Town Farm Date of Death Feb 17 1907

Residence Dracut Age 65 years — months — days

STATISTICAL DETAILS

SEX Male

COLOR white

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Dracut

NAME OF FATHER George Butters

BIRTHPLACE OF FATHER ‡ Andover

MAIDEN NAME OF MOTHER Martha Spiller

BIRTHPLACE OF MOTHER ‡ Ipswich

OCCUPATION Farmer

INFORMANT § Hiram Butters

PLACE OF BURIAL OR REMOVAL ‖ Receiving tomb Forefathers Cem. Chelmsford

DATE OF BURIAL Feb 19 1907

UNDERTAKER Walter Perham

ADDRESS Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from No attendence 190..., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Hemiplegia

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) Arthur G. Scobie, M.D.

Feb. 18, 1907, (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? — years 5 months — days

Where was disease contracted, if not at place of death?

Filed Feb. 19 1907 Edward J. Robins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

COMMONWEALTH OF MASSACHUSETTS

~~CITY OF LOWELL~~ 162

RETURN OF A DEATH

FULL NAME John R. Thompson Registered No. 15

Place of Death* Tewksbury State Hospital, Tewksbury

Date of Death February 18, 1907 Age 27 years months days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

STATISTICAL DETAIL

SEX: Male

COLOR: White

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: Prince Edward Island

NAME OF FATHER: John Thompson

BIRTHPLACE OF FATHER ‡: Newfoundland

MAIDEN NAME OF MOTHER: Mary Murphy

BIRTHPLACE OF MOTHER ‡: Prince Edward Island

OCCUPATION: Farm Hand

INFORMANT §: Sister Mrs. Frank Walley

PLACE OF BURIAL OR REMOVAL ‖: Prince St Patrick's cemetery

DATE OF BURIAL: Feb 20th 1907

UNDERTAKER: A. F. O'Donnell & Son

ADDRESS: 324 Market St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 15 190 to Feb 18 190 7, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Pneumonia

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) [illegible] M. D.

Feb 18 190 (Address) [illegible]

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed Feb 19, 1907 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL 163

RETURN OF A DEATH

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

FULL NAME John H. Watts Registered No. 16

Place of Death * Chelmsford Mass

Date of Death Feb 19, 1907 Age 38 years 11 months days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Male	white	married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Boston Mass

NAME OF FATHER Richard Watts

BIRTHPLACE OF FATHER ‡ England

MAIDEN NAME OF MOTHER Catherine Kella

BIRTHPLACE OF MOTHER ‡ England

OCCUPATION Collector

INFORMANT § Widow

PLACE OF BURIAL OR REMOVAL ‖ Edson Cemetery

DATE OF BURIAL Feb 21 1907

UNDERTAKER C. M. Spring & Co

ADDRESS 33 Prescott St

PHYSICIAN'S CERTIFICATE

I HEREBY ~~CERTIFY~~ that I attended deceased during last illness, from Feb 14, 1907 to Feb 19, 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Pneumonia

(DURATION) 5 DAYS

Contributory

(DURATION) DAYS

(Signed) Arthur G. Scobey M. D.

Feb 20, 1907 (Address) Chelmsford Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

Filed Feb. 21 1907 Edward J. Robbins Town Clerk.

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information.' If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Please Return

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Mary Ann Smith Registered No. 17

Place of Death * South Chelmsford

Date of Death Feb. 19, 1907 Age 88 years 1 months days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX	COLOR	~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~
F.	W.	Widowed

MAIDEN NAME † Mary Ann Griffin

HUSBAND'S NAME † Jacob B. Smith

BIRTHPLACE ‡ Westford, Mass.

NAME OF FATHER Matthew Griffin

BIRTHPLACE OF FATHER ‡ unknown

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER ‡ unknown

OCCUPATION At home

INFORMANT § Geo. H. Smith

PLACE OF BURIAL OR REMOVAL ‖	DATE OF BURIAL
Westford, Mass.	Feb. 21, 1907

UNDERTAKER D. R. Byrd & Co. ADDRESS Chelmsford St. Lowell

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 28th 1907 to Feb 19 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Asthenia

(DURATION) — DAYS

Contributory:

(DURATION) DAYS

(Signed) W. J. Sleeper per O. V. Wells M.D.

Feb 19 1907 (Address) Westford Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed Feb. 20 1907 Edward J. Robbins Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL 165

RETURN OF A DEATH

FULL NAME John S. Hall Registered No. 18

Place of Death* North Chelmsford Mass

Date of Death Feb 20. 1907 Age 70 years 11 months 13 days

STATISTICAL DETAIL

SEX Male

COLOR white

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ England

NAME OF FATHER Henry Hall

BIRTHPLACE OF FATHER ‡ England

MAIDEN NAME OF MOTHER Sarah E. Sugden

BIRTHPLACE OF MOTHER ‡ England

OCCUPATION Retired

INFORMANT § Widow

PLACE OF BURIAL OR REMOVAL ‖ Riverside Cemetery

DATE OF BURIAL Feb 23 1907

UNDERTAKER C. M. Young & Co

ADDRESS 33 Prescott St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190.... to Feby 20 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Hemiplegia

a few minutes (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) F E Varney M. D.

Feby 20 190.... (Address) N. Chelm

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Feb. 21 1907 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Arnold Dustin White Registered No. 19

Place of Death* North Chelmsford, Mass. Date of Death March 12, 1907

Residence North Chelmsford, Mass. Age ____ years ____ months 16 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: Male

COLOR: White

~~SINGLE~~, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~

MAIDEN NAME †: ____

HUSBAND'S NAME †: ____

BIRTHPLACE ‡: North Chelmsford, Mass.

NAME OF FATHER: George F. White

BIRTHPLACE OF FATHER ‡: Hudson, N. H.

MAIDEN NAME OF MOTHER: Lena E. Dustin

BIRTHPLACE OF MOTHER ‡: Pelham, N. H.

OCCUPATION: ____

INFORMANT §: George F. White

PLACE OF BURIAL OR REMOVAL ‖: Nashua, N. H.

DATE OF BURIAL: Mar. 13, 1907

UNDERTAKER: J. A. Weinbeck

ADDRESS: 80 Middle St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Feby 22 1907 to Mch 12 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Premature birth

(DURATION) 16 DAYS

Contributory: ____

(DURATION) ____ DAYS

(Signed) F E Durney M.D.

Mch 13 1907 (Address) N. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? ____ years ____ months ____ days

Where was disease contracted, if not at place of death? ____

Filed Mar. 13 1907 Edward J. Robbins Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

~~CITY OF LOWELL~~ 167

RETURN OF A DEATH

(CITY OR TOWN.) Belmont

FULL NAME Ann McCluskey Registered No. 20

Place of Death* Columbia Road North Belmont Date of Death March 12 1907

Residence " " " " " Age 45 years — months — days

STATISTICAL DETAILS

SEX Female COLOR White ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

MAIDEN NAME† Ann Dolan

HUSBAND'S NAME† Patrick McCluskey

BIRTHPLACE‡ Ireland

NAME OF FATHER Frank Dolan

BIRTHPLACE OF FATHER‡ Ireland

MAIDEN NAME OF MOTHER Ann Magwell

BIRTHPLACE OF MOTHER‡ Ireland

OCCUPATION At Home

INFORMANT§ Son Frank C. McCluskey

PLACE OF BURIAL OR REMOVAL‖ St Patricks Cemetery

DATE OF BURIAL March 14 1907

UNDERTAKER J H O'Donnell Sons

ADDRESS Lowell Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Feby 20 1907 to Mch 11 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Gallstones

unknown (DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) F E Varney M.D.

Mch 11 1907 (Address) N. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed Mar. 14 1907 Edward J. Robbins Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL 168

RETURN OF A DEATH

FULL NAME Lydia G. Whitten Registered No. 21

Place of Death* Chelmsford Mass

Date of Death March 13. 1907 Age 91 years 0 months 12 days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	white	Widow

MAIDEN NAME † Lydia G. Gove

HUSBAND'S NAME † Charles P. Whitten

BIRTHPLACE ‡ Henniker N. H.

NAME OF FATHER Abraham Gove

BIRTHPLACE OF FATHER ‡ Deering N. H.

MAIDEN NAME OF MOTHER Nancy Jones

BIRTHPLACE OF MOTHER ‡ Ware N. H.

OCCUPATION at home

INFORMANT § Emily Whitten

PLACE OF BURIAL OR REMOVAL ‖ Sowell Cemetery

DATE OF BURIAL March 15 1907

UNDERTAKER C. M. Young & Co

ADDRESS 33 Prescott St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Feb. 21 1907 to Mar. 13, 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Senility

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Arthur G. Scobin M. D.

Mar. 13, 1907 (Address) Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Mar. 14 1907 Edward J. Robbins Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

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COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

FULL NAME Peter Kimball Upton **Registered No.** 22

Place of Death* No. Chelmsford Mass.

Date of Death March 6, 1907 **Age** 80 years 2 months days

STATISTICAL DETAIL

SEX	COLOR	~~SINGLE, MARRIED~~, WIDOWED, OR ~~DIVORCED~~
Male	White	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Dunstable, Mass.

NAME OF FATHER Peter Upton

BIRTHPLACE OF FATHER ‡ Dunstable, Mass.

MAIDEN NAME OF MOTHER Esther Perry

BIRTHPLACE OF MOTHER ‡ Wilmington or Reading, Mass.

OCCUPATION Farmer

INFORMANT § Mrs. Etta M. Hunter

PLACE OF BURIAL OR REMOVAL ‖ Tyngsboro, Mass.

DATE OF BURIAL March 10, 1907

UNDERTAKER J. A. Weinbeck

ADDRESS 80 Middx. St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Mch 14 1907 to Mch 16 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Apoplexy
Cerebral Embolism
(DURATION) 2 DAYS

Contributory Organic disease of heart.
unknown
(DURATION) DAYS

(Signed) F. E. Varney M. D.

Mch 18 1907 (Address) N. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Mar. 19 1907 Edward J. Rollins Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

170

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL
(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Thomas Reardon Registered No. 23

Place of Death* Chelmsford Center Mass. Date of Death Mar. 20 1907

Residence Chelmsford Age years months 3 days

STATISTICAL DETAILS

SEX M. COLOR W. SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE‡ Lowell

NAME OF FATHER Charles Reardon

BIRTHPLACE OF FATHER‡ Lowell

MAIDEN NAME OF MOTHER Katie Smith

BIRTHPLACE OF MOTHER‡ Lowell

OCCUPATION

INFORMANT§ Mrs Rose McCarthy 95 John St.

PLACE OF BURIAL OR REMOVAL‖ Edson Cemetery

DATE OF BURIAL Mar. 21 1907

UNDERTAKER Thomas A. Saunders

ADDRESS 522 Merrimack St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from March 1 1907 to March 20 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pneumonitis

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) James Edward Leary M.D.

March 21 1907 (Address) Lowell, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed Mar. 21 1907 Edward J. Robins Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

171

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Olive J. Philbrick Registered No. 24

Place of Death* North Chelmsford Mass

Date of Death April 4, 1907 Age 56 years 2 months 14 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED +
female	white	

MAIDEN NAME† Olive J. Brown

HUSBAND'S NAME† George H. Philbrick

BIRTHPLACE‡ Amesbury Mass.

NAME OF FATHER —

BIRTHPLACE OF FATHER‡ —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER‡ —

OCCUPATION At Home

INFORMANT§ George H. Philbrick

PLACE OF BURIAL OR REMOVAL‖ Amesbury Mass

DATE OF BURIAL April 8 1907

UNDERTAKER J. B. Currier & Co.

ADDRESS Lowell Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from March 15 1907 to April 4 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Uraemia

~~from~~ (DURATION) 14 DAYS

Contributory: (DURATION) DAYS

(Signed) F. E. Varney M.D.

April 7 1907 (Address) N. Chelmsford,

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed April 7 1907 Edward J. Robbins Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL 172

RETURN OF A DEATH

FULL NAME Samuel Raymond Tucke Registered No. 25

Place of Death* No. Chelmsford, Mass. Boulette St.

Date of Death Apr. 10, '07 Age 4 wks years months days

STATISTICAL DETAIL

SEX: Male

COLOR: White

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: No. Chelmsford

NAME OF FATHER: Edward Tucke

BIRTHPLACE OF FATHER ‡: Maine

MAIDEN NAME OF MOTHER: Catherine Cannon

BIRTHPLACE OF MOTHER ‡: Lowell

OCCUPATION

INFORMANT §: Edward Tucke

PLACE OF BURIAL OR REMOVAL ‖: St Patrick

DATE OF BURIAL: April 10 190

UNDERTAKER: C. H. Molloy

ADDRESS: Market St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Apr. 7 1907 to Apr. 10 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Enteritis

(DURATION) 7 DAYS

Contributory

(DURATION) DAYS

(Signed) H. E. Barnes M. D.

Apr. 10, 1907 (Address) No. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed Apr. 10, 1907 Edward J. Roffey Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

173

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL
(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME David T. McCally Registered No. 26

Place of Death* Church Street N. Chelmsford Date of Death April 10 1907

Residence " " " " Age 34 years months days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: male

COLOR: White

SINGLE, ~~MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: North Chelmsford

NAME OF FATHER: Patrick McCally

BIRTHPLACE OF FATHER ‡: Ireland

MAIDEN NAME OF MOTHER: Margaret Barrett

BIRTHPLACE OF MOTHER ‡: Lowell

OCCUPATION: Iron Worker

INFORMANT §: Brother Mrs E.

PLACE OF BURIAL OR REMOVAL ‖: Lowell St Patrick's cemetery

DATE OF BURIAL: April 13 1907

UNDERTAKER: J F O'Donnell & Son

ADDRESS: 324 Market St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from April 1 1907 to April 10 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Chronic Bronchitis

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) O. P. Porter M.D.

Apr. 13 1907 (Address) 253 Central St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed Apr. 13 1907 Edward J. O. Robins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

174

Chelmsford
(CITY OR TOWN.)

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Beatrice Collier Registered No. 27

Place of Death* Chelmsford Centre Date of Death April 11 1907

Residence Chelmsford Age 91 years 3 months 9 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: Female

COLOR: White

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

MAIDEN NAME†: Beatrice Nelson

HUSBAND'S NAME†: John A. Collier

BIRTHPLACE‡: Bergen, Norway

NAME OF FATHER: Thos. Nelson

BIRTHPLACE OF FATHER‡: Bergen, Norway

MAIDEN NAME OF MOTHER: Anna M. Ramslov

BIRTHPLACE OF MOTHER‡: Bergen Norway

OCCUPATION: At Home

INFORMANT§: Mrs Francis Day

PLACE OF BURIAL OR REMOVAL‖: Riverside Cem. No. Chelmsford

DATE OF BURIAL: April 14 1907

UNDERTAKER: Walter Perham

ADDRESS: Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190..... to ..... 190....., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Senility

(DURATION) ..... DAYS

Contributory: .....

(DURATION) ..... DAYS

(Signed) Arthur G. Scobona M.D.

Apr. 13 1907 (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? ..... years ..... months ..... days

Where was disease contracted, if not at place of death? .....

Filed Apr. 14 1907 Edward J. Robbins Clerk Tem

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

175

COMMONWEALTH OF MASSACHUSETTS

Chelmsford
(~~CITY OR~~ TOWN.)

RETURN OF A DEATH

FULL NAME Effie Margaret Tucker Registered No. 28

Place of Death* Chelmsford Date of Death April 14 1907

Residence Chelmsford Age 0 years 6 months 7 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: Female

COLOR: White

SINGLE, MARRIED, WIDOWED, OR DIVORCED: X

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: Prince Edward Island

NAME OF FATHER: William C. Tucker

BIRTHPLACE OF FATHER ‡: Hartland Me.

MAIDEN NAME OF MOTHER: Katie McKinnon

BIRTHPLACE OF MOTHER ‡: Prince Edward Island.

OCCUPATION: –

INFORMANT §: William C. Tucker

PLACE OF BURIAL OR REMOVAL ‖: West Cemetery West Chelmsford

DATE OF BURIAL: April 16 1907

UNDERTAKER: Walter Perham

ADDRESS: Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from April 7 1907 to Apr 14 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Bronchio-pneumonia

(DURATION) 7 DAYS

Contributory:

(DURATION) DAYS

(Signed) F. E. Varney M.D.

Apr 15 1907 (Address) N. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed April 15, 1907 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL 176

RETURN OF A DEATH

FULL NAME Faustina Handley Registered No. 29

Place of Death* South Chelmsford Mass

Date of Death April 15. 1907 Age 56 years months days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	white	Widow

MAIDEN NAME † Faustina Wright

HUSBAND'S NAME † George Handley

BIRTHPLACE ‡ Chelmsford Mass

NAME OF FATHER Jonathan Wright

BIRTHPLACE OF FATHER ‡ Nashua N H.

MAIDEN NAME OF MOTHER Eliza Hildreth

BIRTHPLACE OF MOTHER ‡ Chelmsford Mass

OCCUPATION at home

INFORMANT § Brother

PLACE OF BURIAL OR REMOVAL ‖ Forefathers Gen Chelmsford Centre

DATE OF BURIAL April 18 1907

UNDERTAKER C. M. Young & Co

ADDRESS 33 Prescott St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Apr. 9th 1907 to Apr. 15 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Pneumonia

(DURATION) 7 DAYS

Contributory

(DURATION) DAYS

(Signed) Amasa Howard M. D.

Apr. 16 1907 (Address) Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed Apr. 18 1907 Edward J. Rolfing Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

177

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Oscar Everett Prescott Registered No. 30

Place of Death* Chelmsford Date of Death April 23 1907

Residence Chelmsford Age 0 years 4 months 2 days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Male	white	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Lowell

NAME OF FATHER Frank R Prescott

BIRTHPLACE OF FATHER ‡ Westford

MAIDEN NAME OF MOTHER Annie L. DeLong

BIRTHPLACE OF MOTHER ‡ Sheffield, N. B.

OCCUPATION

INFORMANT § F. R. Prescott

PLACE OF BURIAL OR REMOVAL ‖	DATE OF BURIAL
Fairview Cem, Westford Mass	April 25 1907
UNDERTAKER	ADDRESS
Walter Perham	Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 1907 to Apr. 23, 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Indigestion - Convulsion -

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) Arthur G. Scobina M.D.

Apr 25 1907 (Address) Agt. Board of Health Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed Apr. 25 1907 Edward J. Robbins Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

178

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Chelmsford
(~~CITY~~ OR TOWN.)

FULL NAME Charles B Cole Registered No. 31

Place of Death* Chelmsford Date of Death April 25 1907

Residence Chelmsford Age 58 years 6 months 3 days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Male	White	Married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Sackville N.B.

NAME OF FATHER Benjamin Cole

BIRTHPLACE OF FATHER ‡ New York State.

MAIDEN NAME OF MOTHER Jane Lockhart

BIRTHPLACE OF MOTHER ‡ Sackville N.B.

OCCUPATION Blacksmith

INFORMANT § Benjamin Cole

PLACE OF BURIAL OR REMOVAL ‖	DATE OF BURIAL
Edson Cem. Lowell	April 28 1907
UNDERTAKER	ADDRESS
Walter Perham	Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190.... to ..... 190...., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Disease of Heart

..... (DURATION) ..... DAYS

Contributory: .....

..... (DURATION) ..... DAYS

(Signed) J. C. Irish Med. Exam. ~~M.D.~~

Apr 26 1907 (Address) 219 Central St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? ..... years ..... months ..... days

Where was disease contracted, if not at place of death? .....

Filed Apr. 28 1907 Edward J. Robbins Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

179

CITY OF LOWELL

RETURN OF A DEATH

Town of Chelmsford

FULL NAME Henry H Buzzell Registered No. 32

Place of Death* West Chelmsford

Date of Death April 26 1907 Age 78 years 0 months 17 days

STATISTICAL DETAIL

SEX: Male

COLOR: White

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: Middleton N. H.

NAME OF FATHER: Henry H. Buzzell

BIRTHPLACE OF FATHER ‡: Madbury N. H.

MAIDEN NAME OF MOTHER: Hodgedon

BIRTHPLACE OF MOTHER ‡: N. H.

OCCUPATION: Retired

INFORMANT §: Chas. E. Buzzell

PLACE OF BURIAL OR REMOVAL ‖: Hillside Cem Lakeport N. H.

DATE OF BURIAL: April 28 1907

UNDERTAKER: Walter Perham

ADDRESS: Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Apr. 23, 1907 to Apr. 26, 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Diabetes & Senility

(DURATION) DAYS

Contributory: Diabetes

(DURATION) DAYS

(Signed) H. E. Varney M. D.

Apr. 26, 1907 (Address) No. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Apr. 27 1907 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information.' If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL 180

RETURN OF A DEATH

FULL NAME Cornelius Coughlin Registered No. 33

Place of Death * East Chelmsford

Date of Death April 27 Age 70 years months days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

STATISTICAL DETAIL

SEX | COLOR | ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Ireland

NAME OF FATHER Dennis Coughlin

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Margaret Kennedy

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION Retired

INFORMANT § Michael Coughlin

PLACE OF BURIAL OR REMOVAL ‖ St Patricks Cem Lowell Mass

DATE OF BURIAL April 29 1907

UNDERTAKER John F Rogers

ADDRESS 445 Gorham St Lowell Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from April 22nd 1907 to April 27 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: partially strangulated hernia (DURATION) one DAYS

Contributory venous congestion of lung with senility (DURATION) 3 DAYS

(Signed) Geo F. O'Donnell M. D.

April 27 1907 (Address) Billerica Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Apr. 27 1907 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

181

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Chelmsford (CITY OR TOWN.)

FULL NAME Andrew K. Brotherston Registered No. 34

Place of Death* Chelmsford Mass Date of Death April 29 1907

Residence Lowell Mass. Age 49 years 11 months 29 days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Male	White	Widowed

MAIDEN NAME† ——

HUSBAND'S NAME† ——

BIRTHPLACE‡ Galashiels, Scotland

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER‡ Unknown

MAIDEN NAME OF MOTHER Ann Brotherston

BIRTHPLACE OF MOTHER‡ Stboswells, Scotland

OCCUPATION Laborer

INFORMANT§ Wm Fay & Mrs. William Cunningham

PLACE OF BURIAL OR REMOVAL‖	DATE OF BURIAL
Pine Ridge Cem. Chelmsford	May 1 1907
UNDERTAKER	ADDRESS
Walter Pesham	Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190.... to ..... 190...., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Apoplexy

..... (DURATION) ..... DAYS

Contributory: .....

..... (DURATION) ..... DAYS

(Signed) J. C. Fouch Med. Exp. M.D.

April 29 190.. (Address) [illegible]

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? ..... years ..... months 1 days

Where was disease contracted, if not at place of death? .....

Filed May 1 1907 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

182

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Annie Jones Registered No. 35

Place of Death * No Phillipsford mass

Date of Death April 29 Age 1 years 6 months days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX Female | COLOR White | SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~ Single

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ No Phillipsford mass

NAME OF FATHER Theophilus Jones

BIRTHPLACE OF FATHER ‡ Lanchester England

MAIDEN NAME OF MOTHER Emily Burnett

BIRTHPLACE OF MOTHER ‡ Yorkshire England

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ‖ River Side Cemetery

DATE OF BURIAL May 1st 1907

UNDERTAKER J. S. Hotton

ADDRESS No Phillipsford mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from April 24 1907 to April 29 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Entero-colitis

(DURATION) 8 DAYS

Contributory:

(DURATION) DAYS

(Signed) F E Varney M.D.

April 30 1907 (Address) N. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

Filed May 1 1907 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

183

COMMONWEALTH OF MASSACHUSETTS

Chelmsford
(~~CITY~~ OR TOWN.)

RETURN OF A DEATH

FULL NAME Nancy Evans Holt Registered No. 36

Place of Death* Chelmsford Date of Death May 10 1907

Residence Chelmsford Age 82 years 10 months 19 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: Female
COLOR: White
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

MAIDEN NAME†: Nancy E. Mansfield

HUSBAND'S NAME†: Horace Holt

BIRTHPLACE‡: Exeter Maine

NAME OF FATHER: Nathan Mansfield

BIRTHPLACE OF FATHER‡: London N.H.

MAIDEN NAME OF MOTHER: Hannah Hill

BIRTHPLACE OF MOTHER‡: London N.H.

OCCUPATION: At home

INFORMANT§: Emma Holt

PLACE OF BURIAL OR REMOVAL‖: Union Cem. Laconia N.H.

DATE OF BURIAL: May 14 1907

UNDERTAKER: Walter Perham

ADDRESS: Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from March 1907 to May 10 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Senile degeneration (DURATION) DAYS

Contributory: (DURATION) DAYS

(Signed) Amasa Howard M.D.

May 12 1907 (Address) Chelmsford Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed May 12 1907 Edward J. Robbins Clerk
Tom

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Daniel James Pickard Registered No. 37

Place of Death* South Chelmsford Mass

Date of Death May 12 - 12.45 a.m. (1907) Age 83 years 7 months 8 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: Male

COLOR: White

~~SINGLE~~, MARRIED, ~~WIDOWED, OR~~ DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: Canterbury, N. H.

NAME OF FATHER: Daniel Pickard

BIRTHPLACE OF FATHER ‡: Rowley, Mass

MAIDEN NAME OF MOTHER: Susan Harvey

BIRTHPLACE OF MOTHER ‡: Loudon, N. H.

OCCUPATION: Farmer

INFORMANT § (At usual home) Daughter

PLACE OF BURIAL OR REMOVAL ‖: Hart Pond Cemetery So. Chelmsford

DATE OF BURIAL: May 14, 1907

UNDERTAKER: Harriet T. Byam

ADDRESS: So. Chelmsford Mass.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 2, 1907 to May 11th 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cerebral Hemorrhage

(DURATION) 9 DAYS

Contributory:

(DURATION) DAYS

(Signed) O. V. Wells M.D.

May 12, 1907 (Address) Westford, Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

Filed May 13 1907 Edward J. Rotting Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

185

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL
(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Rose M. Garvey Registered No. 38

Place of Death* Princeton St. North Chelmsford Date of Death May 12 1907

Residence " " " " Age 50 years — months — days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: female COLOR: White ~~SINGLE~~, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

MAIDEN NAME †: Rose Gallagher

HUSBAND'S NAME †: James M. Garvey

BIRTHPLACE ‡: Ireland

NAME OF FATHER: not known

BIRTHPLACE OF FATHER ‡: Ireland

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER ‡: Ireland

OCCUPATION: at Home

INFORMANT §: Mrs Sarah M. Garvey Daughter in Law

PLACE OF BURIAL OR REMOVAL ‖: St Patrick's cemetery Lowell

DATE OF BURIAL: May 14 1907

UNDERTAKER: James F. O'Donnell & Son

ADDRESS: 324 Merrimack St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 7 1907 to May 12 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Acute Pleurisy

(DURATION) 5 DAYS

Contributory:

(DURATION) DAYS

(Signed) F. E. Varney M.D.

May 13 1907 (Address) N. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed May 14, 1907 Edward J. Robins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

186

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL
(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Sarah R. Lynch Registered No. 39

Place of Death* 125 Whitman St. Date of Death May 16 1907

Residence W. Chelmsford Age 21 years months days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: Female
COLOR: White
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

MAIDEN NAME †: Molloy

HUSBAND'S NAME †: Patrick Lynch

BIRTHPLACE ‡: Lowell Mass

NAME OF FATHER: John T. Molloy

BIRTHPLACE OF FATHER ‡: Lowell Mass

MAIDEN NAME OF MOTHER: Martha A. Shields

BIRTHPLACE OF MOTHER ‡: Amherst Mass

OCCUPATION: at home

INFORMANT §: Husband

PLACE OF BURIAL OR REMOVAL ‖: St Patrick Cemetery

DATE OF BURIAL: May 18 1907

UNDERTAKER: C. H. Molloy.

ADDRESS: 343 Market

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Feb 9 1907 to May 16 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pulmonary tuberculosis

one year (DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) Daniel C. O'Brien M.D.

May 17 1907 (Address) 16 Palmer St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed May 17 1907 Edward J. Rothing Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
† In case of married or divorced woman, or widow.
‡ State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
‖ Name of cemetery.

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COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL
(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Joseph Gervais Registered No. 40

Place of Death * North Chelmsford Mass Date of Death May 18 1907

Residence North Chelmsford Mass Age — years — months 1 days

STATISTICAL DETAILS

SEX Male COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ North Chelmsford Mass

NAME OF FATHER Alexandre Gervais

BIRTHPLACE OF FATHER ‡ Canada

MAIDEN NAME OF MOTHER Rosie Barlow.

BIRTHPLACE OF MOTHER ‡ Canada

OCCUPATION At Home

INFORMANT § Alexandre Gervais

PLACE OF BURIAL OR REMOVAL ‖ St Joseph's

DATE OF BURIAL May 18 1907

UNDERTAKER Joseph Albert.

ADDRESS 57 Cheever

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 18, 1907 to May 18, 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Prematurity & Inanition

(DURATION) 6 hrs.

Contributory:

(DURATION) DAYS

(Signed) H. C. Varney, M.D.

May 18 1907 (Address) No Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed May 18 1907 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
† In case of married or divorced woman, or widow.
‡ State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS Chelmsford 188

~~CITY OF LOWELL~~ (CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Margaret Livingston Registered No. 41

Place of Death* North Chelmsford Mass Date of Death May 26 1907

Residence " " " Age years months days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: Female

COLOR:

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

MAIDEN NAME †:

HUSBAND'S NAME †:

BIRTHPLACE ‡: North Chelmsford Mass.

NAME OF FATHER: Andrew J. Livingston

BIRTHPLACE OF FATHER ‡: Ireland

MAIDEN NAME OF MOTHER: Bridget McCluskey

BIRTHPLACE OF MOTHER ‡: Ireland

OCCUPATION:

INFORMANT §: Andrew J. Livingston Father

PLACE OF BURIAL OR REMOVAL ‖: St Patricks Cemetery

DATE OF BURIAL: May 27 1907

UNDERTAKER: J. F. O'Donnell & Sons.

ADDRESS: Lowell Mass.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 26 1907 to May 26 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Stillborn

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) H. S. Varney M.D.

May 27 1907 (Address) No. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed May 27 1907 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL
(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Marion E. Gifford Registered No. 42

Place of Death* East Chelmsford Date of Death May 26 1907

Residence " " Age — years 6 months 16 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: Female

COLOR: White

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: East Chelmsford

NAME OF FATHER: Rufus Gifford

BIRTHPLACE OF FATHER ‡: Falmouth Mass

MAIDEN NAME OF MOTHER: Rosie Chaffee

BIRTHPLACE OF MOTHER ‡: Ireland

OCCUPATION: —

INFORMANT §: Mother

PLACE OF BURIAL OR REMOVAL ‖: Edson Cemetery

DATE OF BURIAL: May 28 1907

UNDERTAKER: C. H. Woolley

ADDRESS: 345 Market

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 22 1907 to May 27 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Broncho-Pneumonia

(DURATION) 6 DAYS

Contributory: —

(DURATION) DAYS

(Signed) E. G. Livingston M.D.

5/27 1907 (Address) 5 Jewels Bldg

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed May 28 1907 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL 190

RETURN OF A DEATH

FULL NAME Alonzo Reed Registered No. 43

Place of Death* East Chelmsford, Mass. 57

Date of Death May 30, 1907 Age ~~[illegible]~~ years ____ months ____ days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

STATISTICAL DETAIL

SEX	COLOR	~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~
Male	White	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Jacksontown, ~~Me.~~ N. B.

NAME OF FATHER Richard Reed

BIRTHPLACE OF FATHER ‡ France

MAIDEN NAME OF MOTHER Sarah Rockwell

BIRTHPLACE OF MOTHER ‡ Jacksontown, ~~Me.~~ N. B.

OCCUPATION Teamster

INFORMANT § Mrs. Alonzo Reed

PLACE OF BURIAL OR REMOVAL ‖ St. Patricks Cem.

DATE OF BURIAL June 1, 1907.

UNDERTAKER J. A. Weinbeck

ADDRESS 80 Middle St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 20 1907 to May 30, 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Heart Failure

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Solon Barrett, M. D.

May 31 1907 (Address) Lowell, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? ____ Days

Where was disease contracted, if not at place of death?

Filed May 31 1907 Edward J. Robins Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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COMMONWEALTH OF MASSACHUSETTS

ARLINGTON

NAME OF TOWN.

RETURN OF A DEATH

FULL NAME Jesse Hartwell Johnson Registered No. 44

Place of Death* 507 Hillside Ave., Arlington Heights, Mass.

Date of Death May 18th, 1907 Age 70 years 6 months 14 days

STATISTICAL DETAILS

SEX: Male | COLOR: White | ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ WIDOWED, OR: Widower

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: Cleveland, Ohio

NAME OF FATHER: George L. Johnson

BIRTHPLACE OF FATHER ‡: Nahant, Mass

MAIDEN NAME OF MOTHER: Betsy Lydston

BIRTHPLACE OF MOTHER ‡: Portsmouth, N. H.

OCCUPATION: Retired stone cutter

INFORMANT §: Sarah E. Johnson
103 Stedman St., Brookline

PLACE OF BURIAL OR REMOVAL ‖: Lowell, Mass

DATE OF BURIAL: May 21 1907

UNDERTAKER: J. H. Hartwell & Son

ADDRESS: Arlington

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 10 1907 to May 18 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Valvular disease of the heart — — of several months standing (DURATION) DAYS

Contributory: Nephritis cannot say (DURATION) DAYS

(Signed) Allan Nott Puig M.D.

May 18 1907 (Address) Arlington Heights

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence E. Chelmsford, Mass How long at place of Death? Days

Where was disease contracted, if not at place of death?

Filed May 21 1907 Thomas J. Robinson Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

192

RETURN OF A DEATH

FULL NAME Robbins Registered No. 45

Place of Death* No Chelmsford

Date of Death June 10 Age ___ years ___ months ___ days

STATISTICAL DETAILS

SEX Female | COLOR White | SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ No Chelmsford

NAME OF FATHER John Robbins

BIRTHPLACE OF FATHER ‡ Milk Street England

MAIDEN NAME OF MOTHER Emma Elizabeth Barker

BIRTHPLACE OF MOTHER ‡ Bradford England

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ‖ Riverside Cemetery No Chelmsford

DATE OF BURIAL June 11 1907

UNDERTAKER E. D. Mottau

ADDRESS No. Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from June 10, 1907 to June 10, 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Stillborn

(DURATION) ___ DAYS

Contributory:

(DURATION) ___ DAYS

(Signed) H. L. Gage, M.D.

June 10, 1907 (Address) No. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ___ How long at Place of Death? ___ Days

Where was disease contracted, if not at place of death? ___

Filed June 11 1907 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL 193

RETURN OF A DEATH

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

FULL NAME Faunce L. Page Registered No. 46

Place of Death * Centre St. East Chelmsford

Date of Death June 10, 1907 Age 7 years 11 months 11 days

STATISTICAL DETAIL

SEX: Male

COLOR: White

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: West Acton, Mass.

NAME OF FATHER: Harry L. Page

BIRTHPLACE OF FATHER ‡: Burlington, Maine

MAIDEN NAME OF MOTHER: Elizabeth Coleman

BIRTHPLACE OF MOTHER ‡: St. John N.B.

OCCUPATION

INFORMANT §: Harry L. Page

PLACE OF BURIAL OR REMOVAL ‖: Edson Cemetery

DATE OF BURIAL: June 12, 1907

UNDERTAKER: J. A. Weinbeck

ADDRESS: 80 Middx. St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from June 9th 1907 to June 10 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Acute Meningitis

(DURATION) Six DAYS

Contributory

(DURATION) DAYS

(Signed) Wesley Sawyer M. D.

June 11th 1907 (Address) 222 Lincoln St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

Filed June 12 1907 Edward J. Robbins Town Clerk.

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

194

CITY OF LOWELL

(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME William M Morson Registered No. 47

Place of Death* Nunstable Road, North Chelmsford Date of Death June 21 1907

Residence " " " Age 63 years — months — days

STATISTICAL DETAILS

SEX	COLOR	~~SINGLE,~~ MARRIED, ~~WIDOWED, OR DIVORCED~~
Male	white	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ France

NAME OF FATHER William

BIRTHPLACE OF FATHER ‡ France

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER ‡ " "

OCCUPATION Stone Cutter

INFORMANT § Frank Mallory

PLACE OF BURIAL OR REMOVAL ‖	DATE OF BURIAL
St Patricks Cemetery	June 24 1907
UNDERTAKER	ADDRESS
Peter H Savage	169 Worthen

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 1 1907 to June 21 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Heat-failure

(DURATION) DAYS

Contributory: Cancer of stomach

(DURATION) DAYS

(Signed) G A Harlow M.D.

June 22 1907 (Address) Tyngsboro

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed June 22 1907 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

195

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Chelmsford ~~(CITY OR~~ TOWN.)

FULL NAME Vinton Richardson Macnutt Registered No. 48

Place of Death* Chelmsford, Mass. Date of Death June 26 1907

Residence " " Age 67 years 1 months 9 days

STATISTICAL DETAILS

SEX M. COLOR W. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Debert, Colchester Co. N.S.

NAME OF FATHER John Brown Macnutt

BIRTHPLACE OF FATHER ‡ Masstown, N.S.

MAIDEN NAME OF MOTHER Mary Eastman

BIRTHPLACE OF MOTHER ‡ Masstown, N.S.

OCCUPATION Farmer

INFORMANT § Fred Macnutt.

PLACE OF BURIAL OR REMOVAL ‖ West Cem. Chelmsford

DATE OF BURIAL June 28 1907

UNDERTAKER Walter Perham

ADDRESS Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 4 1907 to June 26 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Myocarditis (DURATION) DAYS

Contributory: (DURATION) DAYS

(Signed) F. L. Gage M.D.

June 27 1907 (Address) No. Chelmsford.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed June 28 1907 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

196

CITY OF LOWELL

(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Hazel Louise Lanctot Registered No. 149

Place of Death* Golden Cove Chelmsford Date of Death June 29 1907

Residence Golden " " Age years 9 months 22 days

STATISTICAL DETAILS

SEX Female | COLOR white | SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Lowell Mass.

NAME OF FATHER Napoleon

BIRTHPLACE OF FATHER ‡ Vermont

MAIDEN NAME OF MOTHER Mary Grey

BIRTHPLACE OF MOTHER ‡ Lowell Mass.

OCCUPATION —

INFORMANT § Napoleon Lanctot

PLACE OF BURIAL OR REMOVAL ‖ Joseph Cemetery Chelmsford | DATE OF BURIAL June 30 1907

UNDERTAKER Peter J. Savage | ADDRESS 169 Worthen St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from June 14th 1907 to June 28th 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Ileo Colitis

(DURATION) 8 DAYS

Contributory: —

(DURATION) DAYS

(Signed) T. Lawrence M.D.

June 29 1907 (Address) 546 Merrimack St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed June 29 1907 Edward J. Robins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

197

Chelmsford
(~~CITY OR~~ TOWN.)

RETURN OF A DEATH

FULL NAME Elizabeth Thomson McGee Registered No. 50

Place of Death* Chelmsford Date of Death July 2 1907

Residence Chelmsford Age 84 years 3 months 12 days

STATISTICAL DETAILS

SEX Female | COLOR white | SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

MAIDEN NAME † Elizabeth Thomson

HUSBAND'S NAME † Robert McGee

BIRTHPLACE ‡ Paisley, Scotland

NAME OF FATHER John Thomson

BIRTHPLACE OF FATHER ‡ Paisley, Scotland

MAIDEN NAME OF MOTHER Christina Methen

BIRTHPLACE OF MOTHER ‡ Paisley, Scotland

OCCUPATION at home

INFORMANT § Mrs James Ashworth

PLACE OF BURIAL OR REMOVAL ‖ Forefathers Cem. | DATE OF BURIAL July 3 1907

UNDERTAKER Walter Perham | ADDRESS Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from June 8 1907 to July 1, 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Senility

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) Arthur G. Sedivica M.D.

July 3, 1907 (Address) Chelmsford Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed July 3, 1907 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

198

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Frank Prescott Registered No. 51

Place of Death* Chelmsford Date of Death July 22 1907

Residence Chelmsford Age 2 years 5 months 11 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: Male

COLOR: White

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

MAIDEN NAME †: —

HUSBAND'S NAME †: —

BIRTHPLACE ‡: Springfield

NAME OF FATHER: Frank R Prescott

BIRTHPLACE OF FATHER ‡: Westford

MAIDEN NAME OF MOTHER: Annie L DeLong

BIRTHPLACE OF MOTHER ‡: Sheffield N. B.

OCCUPATION: —

INFORMANT §: Father

PLACE OF BURIAL OR REMOVAL ‖: Fairview Cem Westford

DATE OF BURIAL: July 22 1907

UNDERTAKER: Walter Perkins

ADDRESS: Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 21 1907 to July 22 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Diphtheria

About (DURATION) 4 DAYS

Contributory: (DURATION) DAYS

(Signed) Arthur G. Scobria M.D.

July 22 1907 (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed July 22 1907 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

198.1

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL
(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Lovinda H. Huckins Registered No.

Place of Death* Philadelphia, Pa. Date of Death July 20, 1907

Residence Philadelphia, Pa. Age 79 years months days

STATISTICAL DETAILS

SEX: Female
COLOR: White
~~SINGLE~~, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

MAIDEN NAME † Lovinda Healey Woods

HUSBAND'S NAME † Thomas S. Huckins

BIRTHPLACE ‡ Francistown, N. H.

NAME OF FATHER Issac Woods

BIRTHPLACE OF FATHER ‡ Francistown, N. H.

MAIDEN NAME OF MOTHER Mary Healey

BIRTHPLACE OF MOTHER ‡ Washington, N. H.

OCCUPATION

INFORMANT § Irving W. Huckins

PLACE OF BURIAL OR REMOVAL ‖ North Chelmsford

DATE OF BURIAL July 23, 1907

UNDERTAKER J. A. Wenbeck

ADDRESS 88 Middle St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190..... to ..... 190....., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Nephritis

(DURATION) ..... DAYS

Contributory: Uraemia

(DURATION) ..... DAYS

(Signed) ..... M.D.

..... 190..... (Address) .....

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? ..... years ..... months ..... days

Where was disease contracted, If not at place of death? .....

Filed July 23 1907 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
† In case of married or divorced woman, or widow.
‡ State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

199

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL
(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Joseph Arthur Gervais Registered No. 52

Place of Death* Chelmsford Centre Date of Death July 22 1907

Residence Chelmsford Center Age — years 10 months 6 days

STATISTICAL DETAILS

SEX M. COLOR W. SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME † —

HUSBAND'S NAME † —

BIRTHPLACE ‡ Chelmsford Mass

NAME OF FATHER Adelard Gervais

BIRTHPLACE OF FATHER ‡ Canada

MAIDEN NAME OF MOTHER Adeline Berard

BIRTHPLACE OF MOTHER ‡ Canada

OCCUPATION —

INFORMANT § Father

PLACE OF BURIAL OR REMOVAL ‖ St. Joseph's

DATE OF BURIAL July 23 1907

UNDERTAKER Nap. Bilodeau

ADDRESS Lowell Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 12 1907 to July 22 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Gastro Enteritis

(DURATION) 10 DAYS

Contributory: —

(DURATION) DAYS

(Signed) T. Lacaine M.D.

July 22 1907 (Address) 546 Middlesex St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed July 23 1907 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL 200

RETURN OF A DEATH

FULL NAME Frances M Duncan Registered No. 53

Place of Death* North Chelmsford Mass

Date of Death Aug 1 1907 Age 82 years 2 months days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	white	widow

MAIDEN NAME † Frances M. Taylor

HUSBAND'S NAME † Nathaniel Duncan

BIRTHPLACE ‡ Barrington N H.

NAME OF FATHER Josiah Taylor

BIRTHPLACE OF FATHER ‡ Beverly Mass

MAIDEN NAME OF MOTHER Phebe Butterfield

BIRTHPLACE OF MOTHER ‡ Francestown N. H.

OCCUPATION at home

INFORMANT § Son

PLACE OF BURIAL OR REMOVAL ‖ Riverside Cemetery

DATE OF BURIAL Aug 3 1907

UNDERTAKER C. M. Young & Co

ADDRESS 33 Prescott St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 23 1907 to Aug 1 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Organic disease of heart

Last sickness one month (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) J. E. Varney M. D.

Aug 1 1907 (Address) North Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed Aug 3 1907 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information.' If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

C M Young & Co

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

201

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Rose McInney Registered No. 1144 54

Place of Death* City Hospt. Date of Death July 24 1907

Residence No Chelmsford Age 61 years — months — days

STATISTICAL DETAILS

SEX F. COLOR W. SINGLE, MARRIED, WIDOWED, OR DIVORCED W.

MAIDEN NAME† Rose Barrett

HUSBAND'S NAME† Terance McInney

BIRTHPLACE‡ Lowell

NAME OF FATHER Patrick Barrett

BIRTHPLACE OF FATHER‡ Ireland

MAIDEN NAME OF MOTHER Jane Flynn

BIRTHPLACE OF MOTHER‡ Ireland

OCCUPATION None

INFORMANT§ M. J. Courtney

PLACE OF BURIAL OR REMOVAL‖ St Patrick Cem Lowell

DATE OF BURIAL July 25 1907

UNDERTAKER J. F. O'Donnell & Sons

ADDRESS 324 Market St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Apr 15 1907 to July 23 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cancer of Intestines

(DURATION) — DAYS

Contributory: —

(DURATION) — DAYS

(Signed) Forster N. Smith M.D.

July 24 1907 (Address) Lowell Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? — years 3 months — days

Where was disease contracted, if not at place of death?

Filed July 26 1907 [illegible] City Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

202

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Calvin F. Prince Registered No. 55

Place of Death* North Chelmsford Mass Date of Death Aug 4 1907

Residence Chelmsford Mass Age 37 years 5 months 29 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: Male

COLOR: White

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: Bradford Mass

NAME OF FATHER: Henry Prince

BIRTHPLACE OF FATHER ‡: Salem Mass

MAIDEN NAME OF MOTHER: Mary J. Jenkins

BIRTHPLACE OF MOTHER ‡: Lawrence Mass

OCCUPATION: Painter

INFORMANT §: Widow

PLACE OF BURIAL OR REMOVAL ‖: Riverside Cemetery

DATE OF BURIAL: Aug 7 1907

UNDERTAKER: C. M. Young Sons

ADDRESS: 33 Rescott St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190 ..... to ..... 190 ....., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Electric Shock

..... (DURATION) ..... DAYS

Contributory: .....

..... (DURATION) ..... DAYS

(Signed) J. C. Irish Med. Examiner M.D.

Aug 5 1907 (Address) 219 Central St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? ..... years ..... months ..... days

Where was disease contracted, If not at place of death? .....

Filed Aug. 7 1907 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

203

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Rose Alma Clark Registered No. 56

Place of Death* Chelmsford Mass. Date of Death Aug 15 1907

Residence Russell Mill Road Age — years 8 months — days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX f COLOR W SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Chelmsford Centre

NAME OF FATHER Edward Clark

BIRTHPLACE OF FATHER ‡ Danvers Mass

MAIDEN NAME OF MOTHER Philomene Lamay

BIRTHPLACE OF MOTHER ‡ Canada

OCCUPATION —

INFORMANT § Father

PLACE OF BURIAL OR REMOVAL ‖ St Joseph Chelmsford Mass. DATE OF BURIAL Aug 16 1907

UNDERTAKER A Archambault ADDRESS 73 Thorndike

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Aug. 11, 1907 to Aug. 15 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Inanition

Indefinite (DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) Arthur G. Robins M.D.

Aug. 15 1907 (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed Aug. 16 1907 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

CITY OF LOWELL

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

FULL NAME [illegible] Registered No. 57

Place of Death* 4 North Chelmsford Mass

Date of Death Aug. 16 – 07 Age years 3 months 3 days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
M.	White	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ North Chelmsford

NAME OF FATHER Desiré Seviguy

BIRTHPLACE OF FATHER ‡ Canada

MAIDEN NAME OF MOTHER Alice Robichaud

BIRTHPLACE OF MOTHER ‡ Canada

OCCUPATION at home

INFORMANT § Desiré Seviguy

PLACE OF BURIAL OR REMOVAL ‖ Chelmsford

DATE OF BURIAL Aug 17 1907

UNDERTAKER [illegible]

ADDRESS 57 Cheever

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Aug 16 1907 to Aug 16 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Marasmus

4 or 5 weeks (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) F. L. Gage M. D.

Aug 16 1907 (Address) North Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed Aug. 17, 1907 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information.' If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

205

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Lloyd H. Cheney Registered No. 58

Place of Death* Chelmsford Mass Date of Death Aug. 17 1907

Residence Chelmsford Mass Age 1 years 8 months 7 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: Male

COLOR: White

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: Chelmsford Mass

NAME OF FATHER: Fred A Cheney

BIRTHPLACE OF FATHER ‡: Claremont N. H.

MAIDEN NAME OF MOTHER: Priscilla Warren

BIRTHPLACE OF MOTHER ‡: Prince Edwards Isle

OCCUPATION

INFORMANT §: Father

PLACE OF BURIAL OR REMOVAL ‖: Pine Ridge Cemetery

DATE OF BURIAL: Aug 19 1907

UNDERTAKER: C. M. Fleming Co

ADDRESS: 33 Prescott St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Aug. 14 1907 to Aug. 17 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cerebral shock.

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) Amasa Howard M.D.

Aug. 17 1907 (Address) Chelmsford Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed Aug 19 1907 Edward J. Robbins Clerk Com

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

206

COMMONWEALTH OF MASSACHUSETTS

Chelmsford
~~(CITY OR~~ TOWN.)

RETURN OF A DEATH

FULL NAME Susan Abbott Perry Registered No. 59

Place of Death* Chelmsford Date of Death Aug 21 1907

Residence Chelmsford Age 87 years 5 months 6 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: Female

COLOR: White

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

MAIDEN NAME†: Susan A. Garvin

HUSBAND'S NAME†: Charles Perry

BIRTHPLACE‡: Concord N.H.

NAME OF FATHER: Hubbard Garvin

BIRTHPLACE OF FATHER‡: Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER‡: Unknown

OCCUPATION: at home

INFORMANT§: Geo. Perry

PLACE OF BURIAL OR REMOVAL‖: Pine Ridge Cem. Chelmsford

DATE OF BURIAL: Aug 23 1907

UNDERTAKER: Walter Perham

ADDRESS: Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, ~~from~~ on Aug 18 1907 ~~to~~ ~~190~~, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cerebral Hemorrhage

(DURATION) few DAYS

Contributory:

(DURATION) DAYS

(Signed) James B. Field M.D.

Aug 21 1907 (Address) 329 Westford St, Lowell.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed Aug. 23, 1907 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

207

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Laurence F. McEnaney Registered No. 60

Place of Death* North Chelmsford Mass Date of Death Aug 25 1907

Residence North Chelmsford Mass Age 54 years — months — days

STATISTICAL DETAILS

SEX Male | COLOR White | ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ North Chelmsford

NAME OF FATHER Owen McEnaney

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Mary Darren

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION Moulder

INFORMANT § Mrs. McEnaney

PLACE OF BURIAL OR REMOVAL ‖ St Patrick Lowell

DATE OF BURIAL Aug 27 1907

UNDERTAKER J H McDermott

ADDRESS 70 Gorham

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from January 14 1907 to Aug 25 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Bright's Disease

Eight months (DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) F E Varney M.D.

Aug 25 1907 (Address) N. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed Aug. 27, 1907 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

208

RETURN OF A DEATH

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

FULL NAME Andrew W. Carlson Registered No. 61

Place of Death* North Chelmsford

Date of Death Sept 9th 1907 Age 44 years 7 months days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Male	W	Married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Sweden.

NAME OF FATHER John Carlson.

BIRTHPLACE OF FATHER ‡ Sweden.

MAIDEN NAME OF MOTHER Anna Nilson.

BIRTHPLACE OF MOTHER ‡ Sweden.

OCCUPATION Iron Moulding.

INFORMANT § Mrs Andrew Carlson

PLACE OF BURIAL OR REMOVAL ‖ Edson Cemetery

DATE OF BURIAL Sept 11 1907

UNDERTAKER John Wenbeck

ADDRESS 80 Middle St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Aug 22 1907 to Sept 9 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Nephritis

about nine months (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) F. E. Varney M. D.

Sept 9 1907 (Address) North Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed Sept 11 1907 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information.' If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

209

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME M. Beatrice L. Heurent Registered No. 62

Place of Death* Old Boston Road Chelmsford Date of Death Sept 16 1907

Residence Old Boston Road Age — years — months 13 days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
fe	W	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Chelmsford Center

NAME OF FATHER E. J. Gaspard L. Heurent

BIRTHPLACE OF FATHER ‡ Canada

MAIDEN NAME OF MOTHER Emelie Genier

BIRTHPLACE OF MOTHER ‡ Canada

OCCUPATION —

INFORMANT § Father

PLACE OF BURIAL OR REMOVAL ‖	DATE OF BURIAL
St. Joseph	Sept 17 1907
UNDERTAKER	ADDRESS
A. Archambault	738 Merrimack

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Sept 10 1907 to Sept 16 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cholera infantum

(DURATION) 5 DAYS

Contributory:

(DURATION) DAYS

(Signed) S V Rochette M.D.

Sept 16 1907 (Address) 732 Merrimack

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed Sept. 17 1907 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

210

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

North Chelmsford (CITY OR TOWN.)

FULL NAME James P. King Registered No. 63

Place of Death* North Chelmsford Mass Date of Death Sept 19 1907

Residence " " " " " Age 46 years — months — days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, ~~MARRIED~~, ~~WIDOWED, OR~~ DIVORCED
mal	White	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Ireland

NAME OF FATHER Patrick King

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Ellen Mulcahy

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION Carpenter

INFORMANT § Mrs Catherine Corrigan Sister

PLACE OF BURIAL OR REMOVAL ‖	DATE OF BURIAL
St Patrick's Cemetery Lowell	Sept 20 1907
UNDERTAKER	ADDRESS
J. F. O'Donnell & Son	324 Market St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190.... to ..... 190...., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cerebral Hemorrhage

..... (DURATION) ..... DAYS

Contributory: .....

..... (DURATION) ..... DAYS

(Signed) J. C. Irish Med. Exr. M.D.

Sept 19 1907 (Address) 219 Cardinal St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? ..... years ..... months ..... days

Where was disease contracted, If not at place of death? .....

Filed Sept. 20, 1907 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

211

COMMONWEALTH OF MASSACHUSETTS

Chelmsford
~~(CITY OR TOWN.)~~

RETURN OF A DEATH

FULL NAME William Lundgren Registered No. 64

Place of Death* West Chelmsford Date of Death Sept 25 1907

Residence West Chelmsford Age 35 years 10 months 29 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: Male

COLOR: White

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: Reesby Sweden

NAME OF FATHER: Lundberg Lundgren

BIRTHPLACE OF FATHER ‡: Reesby Sweden

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER ‡: Sweden

OCCUPATION: Quarryman

INFORMANT §: Axel Peterson

PLACE OF BURIAL OR REMOVAL ‖: West Cem. W. Chelmsford

DATE OF BURIAL: Sept 27 1907

UNDERTAKER: Walter Perham

ADDRESS: Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 1 1906 to Sept. 25 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pulmonary tuberculosis

Two years (DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) F E Varney M.D.

Sept. 26 1907 (Address) North Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed Sept. 27 1907 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

212

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Mary L. Shorey Registered No. 65

Place of Death* South Chelmsford Mass Date of Death Sept 25 1907

Residence South Chelmsford Mass Age 63 years months days

STATISTICAL DETAILS

SEX Female COLOR white SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Amsbury Mass

NAME OF FATHER Moses Shorey

BIRTHPLACE OF FATHER ‡ Austin N. H.

MAIDEN NAME OF MOTHER Agnes Grieves

BIRTHPLACE OF MOTHER ‡ Scotland

OCCUPATION at home

INFORMANT §

PLACE OF BURIAL OR REMOVAL ‖ Edson Cemetery

DATE OF BURIAL Sept 28 1907

UNDERTAKER C. M. Young & Co

ADDRESS 33 Prescott St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Sep. 22 1907 to Sep. 22 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Apoplexy

(DURATION) DAYS

Contributory: Epilepsy

since childhood (DURATION) DAYS

(Signed) Wm N. Lathrop M.D.

Sep. 27 1907 (Address) 21 1st St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed Sept. 28 1907 Edward J. Robbins Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

213

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

FULL NAME Augusta H. Lunt Registered No. 66

Place of Death* East Chelmsford Mass

Date of Death Sept. 29, 1907 Age 73 years — months 10 days

STATISTICAL DETAIL

SEX	COLOR	~~SINGLE~~, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~
Female	White	

MAIDEN NAME † Augusta H. Rich

HUSBAND'S NAME † John M. Lunt

BIRTHPLACE ‡ Jackson, Me.

NAME OF FATHER Levi M. Rich

BIRTHPLACE OF FATHER ‡ Jackson, Me.

MAIDEN NAME OF MOTHER Judith A. Rich

BIRTHPLACE OF MOTHER ‡ Sandy River, Maine

OCCUPATION

INFORMANT § Miss Alice Lunt

PLACE OF BURIAL OR REMOVAL ‖ Edson Cemetery

DATE OF BURIAL Oct. 2, 1907

UNDERTAKER J. A. Weinbeck

ADDRESS 80 Middx. St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Sept 30 1907 to Sept 26th 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Apoplexy (DURATION) 20 DAYS

Contributory (DURATION) DAYS

(Signed) F. G. McGannon M. D.

Sept. 30th 1907 (Address) 226 Merk St Lowell

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Oct 1 1907 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

214

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

North Chelmsford Mass.
(CITY OR TOWN.)

FULL NAME Matthew H. McAdow Registered No. 67

Place of Death* North Chelmsford Mass. Date of Death Oct. 14 1907

Residence Church St. Age 36 years months days

STATISTICAL DETAILS

SEX: male

COLOR: White

~~SINGLE,~~ MARRIED, WIDOWED, ~~OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: Ashland Mass

NAME OF FATHER: Robert McAdow

BIRTHPLACE OF FATHER ‡: Ireland

MAIDEN NAME OF MOTHER: Bridget F. Laherty

BIRTHPLACE OF MOTHER ‡: Ireland

OCCUPATION: Sexton of Church

INFORMANT §: Wife

PLACE OF BURIAL OR REMOVAL ‖: Marlboro Mass

DATE OF BURIAL: Oct. 16 1907

UNDERTAKER: J. F. O'Donnell & Sons

ADDRESS: Lowell Mass.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 1 1907 to Oct. 15 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Tuberculosis

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) Geo. R. Crandall M.D.

Oct. 14 1907 (Address) Lowell Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed Oct. 15 1907 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

215

RETURN OF A DEATH

FULL NAME Susan E. Green Registered No. 68

Place of Death* Chelmsford Mass.

Date of Death Oct. 15th 1907 Age 74 years 8 months 4 days

STATISTICAL DETAIL

SEX female COLOR white ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

MAIDEN NAME † Whitney.

HUSBAND'S NAME † Isaac Green.

BIRTHPLACE ‡ Westford Mass.

NAME OF FATHER Nathaniel Whitney

BIRTHPLACE OF FATHER ‡ unknown.

MAIDEN NAME OF MOTHER Susan E. Edwards.

BIRTHPLACE OF MOTHER ‡ unknown.

OCCUPATION at home.

INFORMANT § Frederick S. Green

PLACE OF BURIAL OR REMOVAL ‖ Westford Mass. DATE OF BURIAL Oct. 17 1907

UNDERTAKER J. A. Weinbeck ADDRESS Lowell Mass.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct. 1 1907 to Oct. 15th 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Myo-carditis (DURATION) DAYS

Contributory Asthma (DURATION) 14 DAYS

(Signed) Amasa Howard M. D.

Oct. 15 1907 (Address) Chelmsford Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Oct. 15 1907 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

216

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Charles Jordan Registered No. 69

Place of Death* West Chelmsford Mass Date of Death Oct 20 1907

Residence West Chelmsford Mass Age 67 years months days

STATISTICAL DETAILS

SEX: Male

COLOR: White

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: England

NAME OF FATHER: William Jordan

BIRTHPLACE OF FATHER ‡: England

MAIDEN NAME OF MOTHER: Elizabeth —

BIRTHPLACE OF MOTHER ‡: unknown

OCCUPATION: Farmer

INFORMANT §: Daughter

PLACE OF BURIAL OR REMOVAL ‖: West Chelmsford

DATE OF BURIAL: Oct 23 1907

UNDERTAKER: C M Young Hd

ADDRESS: 33 Prescott St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Aug 1907 to Oct 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Enlarged Prostate

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) H. E. Varney M.D.

Oct. 21 1907 (Address) No. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed Oct 23 1907 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

217

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Vitalline Talbot Registered No. 70

Place of Death* North Chelmsford, Mass. Date of Death Nov. 1st. 1907

Residence North Chelmsford Mass Age 38 years 3 months — days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX F. COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME † Vitalline Martel

HUSBAND'S NAME † Edouard Talbot

BIRTHPLACE ‡ Canada

NAME OF FATHER Cyriaque ~~Talbot~~ Martel

BIRTHPLACE OF FATHER ‡ Canada

MAIDEN NAME OF MOTHER Vitalline Grenier

BIRTHPLACE OF MOTHER ‡ Canada

OCCUPATION House keeper

INFORMANT § Edouard Talbot

PLACE OF BURIAL OR REMOVAL ‖ St Joseph

DATE OF BURIAL Nov. 4 1907

UNDERTAKER Joseph Albert

ADDRESS 57 Chewer

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct. 28 1907 to Oct. 28 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Tuberculosis

Three Yrs. (DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) F. E. Gage M.D.

Nov. 1, 1907 (Address) No. Chelmsford Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed Nov. 1 1907 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Gage.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

218

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Delia Trambley Registered No. 71

Place of Death* Chelmsford Center Date of Death Nov 1 1907

Residence Chelmsford Center Age 44 years months days

STATISTICAL DETAILS

SEX F COLOR W SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME† Delia Paquette

HUSBAND'S NAME† Augusta Trambley

BIRTHPLACE‡ Canada

NAME OF FATHER Joseph Paquette

BIRTHPLACE OF FATHER‡ Canada

MAIDEN NAME OF MOTHER Catherine Marchand

BIRTHPLACE OF MOTHER‡ Canada

OCCUPATION Housework

INFORMANT§ Husband

PLACE OF BURIAL OR REMOVAL‖ St Joseph DATE OF BURIAL Nov 4 1907

UNDERTAKER A Archambault ADDRESS 738 Merrimack

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct 29 1907 to Nov 1 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Paralysis

(DURATION) 3 DAYS

Contributory:

(DURATION) DAYS

(Signed) S V Rochette M.D.

Nov 2 1907 (Address) 732 Merrimack

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed Nov. 2 1907 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

219

CITY OF LOWELL

(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Still Born

Registered No. ~~[illegible]~~ 72

Place of Death* Chelmsford Centre

Date of Death Nov. 4 1907

Residence

Age years months days

STATISTICAL DETAILS

SEX Male

COLOR White

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

MAIDEN NAME † —

HUSBAND'S NAME † —

BIRTHPLACE ‡ Chelmsford Centre

NAME OF FATHER John Corr

BIRTHPLACE OF FATHER ‡ St. John, N. B.

MAIDEN NAME OF MOTHER Elizabeth Miller

BIRTHPLACE OF MOTHER ‡ Lowell Mass

OCCUPATION —

INFORMANT § Father

PLACE OF BURIAL OR REMOVAL ‖ Edson Cemetery

DATE OF BURIAL Nov. 6 1907

UNDERTAKER John J. Higgins & Co

ADDRESS Lowell Mass.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Nov. 4 1907 to Nov 4, 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Still-born

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) Arthur G. Scobie, M.D.

Nov. 5, 1907 (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed Nov. 6 1907 Edward J. Robbins Clerk town

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

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ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

220

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Margaret Monahan Registered No. 73

Place of Death* North Chelmsford Date of Death Nov 11 1907

Residence " " " " Age 56 years months days

STATISTICAL DETAILS

SEX female COLOR White ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

MAIDEN NAME † Margaret Lyons

HUSBAND'S NAME † James H. Monahan

BIRTHPLACE ‡ Ireland

NAME OF FATHER not known

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER not known

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION at Home

INFORMANT § Daughter Mamie Monahan

PLACE OF BURIAL OR REMOVAL ‖ Lowell St Patrick's cemetery

DATE OF BURIAL Nov 13 1907

UNDERTAKER F. O'Donnell & Sons

ADDRESS 324 Market St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct. 20 1907 to Nov. 11 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Carcinoma of Stomach

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) F. L. Gage M.D.

Nov. 11 1907 (Address) No. Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed Nov. 12 1907 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

221

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME John Kendrick Registered No. 74

Place of Death* North Chelmsford Mass Date of Death Nov 15 1907

Residence North Chelmsford Age 64 years months days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Male	white	Widowed

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ England

NAME OF FATHER Kendrick

BIRTHPLACE OF FATHER ‡ England

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER ‡ unknown

OCCUPATION Black Smith

INFORMANT § Miss Lottie A Kendrick

PLACE OF BURIAL OR REMOVAL ‖	DATE OF BURIAL
Edson Cemetery	Nov 17 1907
UNDERTAKER	ADDRESS
C. M. Young	33 Prescott St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Nov 11 1907 to Nov 15th 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cerebral Haemorrhage

(DURATION) 7 DAYS

Contributory: age

(DURATION) DAYS

(Signed) Amasa Howard M.D.

Nov. 15 1907 (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed Nov. 17 1907 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

222

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Still Born Registered No. 75

Place of Death* Chelmsford Center Date of Death Nov 23 1907

Residence Chelmsford Center Age — years — months — days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
fe		

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Chelmsford Center

NAME OF FATHER William Allard

BIRTHPLACE OF FATHER ‡ Canada

MAIDEN NAME OF MOTHER Georgiana Leblanc

BIRTHPLACE OF MOTHER ‡ Canada

OCCUPATION

INFORMANT § Father

PLACE OF BURIAL OR REMOVAL ‖	DATE OF BURIAL
[illegible]	190
UNDERTAKER	ADDRESS
[illegible]	[illegible]

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 190 to Nov 23 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Still Born

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) J. L'Rochette M.D.

Nov 24 1907 (Address) 732 Merrimack

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed Nov 26 1907 Edward J. Robbins Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

MARGIN RESERVED FOR BINDING

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ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

223

RETURN OF A DEATH

Chelmsford
~~(CITY OR~~ TOWN.)

FULL NAME Susan Baron Hunt Registered No. 76

Place of Death* Chelmsford Date of Death Dec 7 1907

Residence Chelmsford Age 69 years 3 months 4 days

STATISTICAL DETAILS

SEX: Female

COLOR: White

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: Charlestown

NAME OF FATHER: Samuel C. Hunt

BIRTHPLACE OF FATHER ‡: Carlisle

MAIDEN NAME OF MOTHER: Elizabeth A Warren

BIRTHPLACE OF MOTHER ‡: Medford

OCCUPATION: At Home

INFORMANT §: Mrs Mead

PLACE OF BURIAL OR REMOVAL ‖: Horefathers Cem, Chelmsford

DATE OF BURIAL: Dec 8 1907

UNDERTAKER: Walter Perham

ADDRESS: Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Nov. 30 1907 to Dec. 7th 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Enteritis

(DURATION) DAYS

Contributory: age

(DURATION) DAYS

(Signed) Amasa Howard M.D.

Dec. 7 1907 (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed Dec. 7 1907 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

224

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

North Chelmsford (CITY OR TOWN.)

FULL NAME Johanna Brennan Registered No. 77

Place of Death* North Chelmsford Mass Date of Death Dec 7 1907

Residence " " " Age 80 years months days

STATISTICAL DETAILS

SEX	COLOR	~~SINGLE, MARRIED~~, WIDOWED, ~~OR DIVORCED~~
fe	white	

MAIDEN NAME† Johanna Ivory

HUSBAND'S NAME† George Brennan

BIRTHPLACE‡ Boston Mass.

NAME OF FATHER John Ivory

BIRTHPLACE OF FATHER‡ Ireland

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER‡ Ireland

OCCUPATION At Home

INFORMANT§ Mrs Peter Connors Daughter

PLACE OF BURIAL OR REMOVAL‖	DATE OF BURIAL
St Patricks Cemetery Lowell Mass	Dec 9 1907
UNDERTAKER	ADDRESS
J. F. O'Donnell & Sons	Lowell Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Nov 26th 1907 to Dec 7 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Hemiplegia

(DURATION) 12 DAYS

Contributory:

(DURATION) DAYS

(Signed) F E Varney M.D.

Dec 7 1907 (Address) North Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed Dec 9 1907 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

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ALL NAMES TO BE IN FULL

225

COMMONWEALTH OF MASSACHUSETTS

Chelmsford
(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Charles Danforth Clark Registered No. 78

Place of Death* Chelmsford Centre Date of Death Dec 19 1907

Residence Chelmsford Age 75 years 1 months 6 days

STATISTICAL DETAILS

SEX Male | COLOR White | SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Patterson N.J.

NAME OF FATHER John Clark

BIRTHPLACE OF FATHER ‡ Paisley, Scotland

MAIDEN NAME OF MOTHER Susan Beach

BIRTHPLACE OF MOTHER ‡ N.Y. State.

OCCUPATION Retired

INFORMANT § Frances Clark

PLACE OF BURIAL OR REMOVAL ‖ Forefathers Cem. Ch. Ctr. | DATE OF BURIAL Dec 22 1907

UNDERTAKER Walter Perham | ADDRESS Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec 18 1907 to Dec. 19, 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pneumonia

(DURATION) 2 DAYS

Contributory: Myocarditis

Indefinite (DURATION) DAYS

(Signed) Arthur T. Scoboria M.D.

Dec. 22, 1907 (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed Dec. 22 1907 Edward J. Rothing Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

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ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

226

Chelmsford
(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Thomas Larpen Lillis Registered No. 79

Place of Death* Highland Ave, North Chelmsford Date of Death Dec 25 1907

Residence " " " " " Age 2 years 6 months 14 days

STATISTICAL DETAILS

SEX male COLOR White SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

MAIDEN NAME† —

HUSBAND'S NAME† —

BIRTHPLACE‡ Somerville Mass

NAME OF FATHER Ann F. Lillis

BIRTHPLACE OF FATHER‡ Everett Mass

MAIDEN NAME OF MOTHER Mary E. Larpen

BIRTHPLACE OF MOTHER‡ North Chelmsford

OCCUPATION

INFORMANT§ Father

PLACE OF BURIAL OR REMOVAL‖ St Peters Cemetery DATE OF BURIAL Dec 28 1907

UNDERTAKER J. F. O'Donnell & Son ADDRESS 324 Merrimack St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec 8 1907 to Dec 25 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Enteric fever

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) Oliver P Porter M.D.

Dec. 27 1907 (Address) 253 Central St Lowell

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed Dec. 27 1907 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

227

Chelmsford
(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME William Martin Registered No. 80

Place of Death* West Chelmsford Date of Death Dec 26 1907

Residence " " Age 71 years — months — days

STATISTICAL DETAILS

SEX Male COLOR White ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

MAIDEN NAME † —

HUSBAND'S NAME † —

BIRTHPLACE ‡ Ireland

NAME OF FATHER Patrick Martin

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Rose Cahill

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION Farmer

INFORMANT § Son Frank Martin

PLACE OF BURIAL OR REMOVAL ‖ St Patricks Cemetery

DATE OF BURIAL Dec 28 1907

UNDERTAKER J F & Donnell Sons

ADDRESS 324 Market

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec 15 1907 to Dec 26 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pneumonia

(DURATION) 11 DAYS

Contributory:

(DURATION) DAYS

(Signed) F E Varney M.D.

Dec 26 1907 (Address) N Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed Dec. 27 1907 Edward J. Robins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

228

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Chelmsford (CITY OR TOWN.)

FULL NAME Malvina Hodgeman Registered No. 81

Place of Death* Chelmsford, Mass. Date of Death Dec. 30 1907

Residence " " Age 70 years 11 months 19 days

STATISTICAL DETAILS

SEX F. COLOR W. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~ Single

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Chelmsford. Mass.

NAME OF FATHER Asa Hodgman.

BIRTHPLACE OF FATHER ‡ Chelmsford "

MAIDEN NAME OF MOTHER Sallie Spaulding

BIRTHPLACE OF MOTHER ‡ Chelmsford, Mass.

OCCUPATION athome

INFORMANT § W. A. Parkhurst,

PLACE OF BURIAL OR REMOVAL ‖ Forefathers Cem. Chelmsford, Mass.

DATE OF BURIAL Jan. 21 1908

UNDERTAKER Walter Perham

ADDRESS Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190.... to ..... 190...., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Arteriosclerosis —

..... (DURATION) ..... DAYS

Contributory: .....

..... (DURATION) ..... DAYS

(Signed) Arthur G. Scobina M.D.

Jan. 2, 1908 (Address) Chelmsford Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? ..... years ..... months ..... days

Where was disease contracted, if not at place of death? .....

Filed Jan 1, 1908 Edward J. Rothwell Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

229

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Elijah D. Nickles Registered No. 82

Place of Death* Chelmsford Mass Date of Death Dec 31 1907

Residence Chelmsford Mass Age 39 years — months — days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: Male

COLOR: White

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: Carlisle Mass

NAME OF FATHER: Stephen J. Nickles

BIRTHPLACE OF FATHER ‡: Carlisle Mass

MAIDEN NAME OF MOTHER: Martha E Caney

BIRTHPLACE OF MOTHER ‡: Strong Maine

OCCUPATION: Teamster

INFORMANT §: Martha E. Hulslander

PLACE OF BURIAL OR REMOVAL ‖: Green Cemetery Carlisle

DATE OF BURIAL: Jan 3 1908

UNDERTAKER: Thomas A. Green

ADDRESS: Carlisle Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Sept 1 1907 to Dec. 31 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Insanity, Inanition.

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) Arthur G. Sabona M.D.

Jan 7 1908 (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed Jan. 3 1908 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.